GOVERNMENT OF THE
REPUBLIC OF TRINIDAD AND TOBAGO

BOARD OF INLAND REVENUE

VALUE ADDED TAX

REQUEST FOR INFORMATION RE: VAT REGISTRATION FOR PURPOSES OF SECTION 14(8) OF THE VALUE ADDED TAX ACT, 1989

1. Name of Applicant ……
2. Trading Name of Applicant ……..
3. Mailing Address ……
4. Business Address ……..
5. B.I.R. File No. ……...
6. Are you currently registered for VAT? YES ☐ NO ☐
7. If yes, state VAT Registration No. ……

……. ……
Date *Signature of Applicant of* Agent

FOR BOARD OF INLAND REVENUE USE ONLY

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Signature of Checking Officer *Date*