

FORM TIN2



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**TIN APPLICATION -
INDIVIDUAL**

PAPUA NEW GUINEA INTERNAL REVENUE COMMISSION
PNGIRC - Your Partner in Nation Building

Taxpayer Identification Number (TIN):

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Effective date: 1 July 2013

INCOME TAX ACT 1959 AS AMENDED

TAXPAYER IDENTIFICATION NUMBER (TIN) REGISTRATION - INDIVIDUAL

REASON FOR COMPLETING THIS FORM

- | | |
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| <input type="checkbox"/> Register an individual as a taxpayer | <input type="checkbox"/> Change address or contact details for an individual |
| <input type="checkbox"/> Close an individual taxpayer file (e.g. deceased) | <input type="checkbox"/> Modify other registration details for an individual |

FULL NAME AND ADDRESS OF APPLICANT

LAST NAME:		TITLE:	MR / MRS / MS.
FIRST NAME:		(if other, specify): _____	
MIDDLE NAME:		SEX:	FEMALE / MALE
DATE OF BIRTH: (DAY - MONTH - YEAR)	_____ - _____ - _____	IS DATE OF BIRTH APPROXIMATE?	<input type="checkbox"/> No <input type="checkbox"/> Yes
PLACE OF BIRTH:		PROVINCE / STATE OF BIRTH:	
NATIONALITY:		OCCUPATION:	
MARITAL STATUS:	<input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
MAIDEN NAME: (IF APPLICABLE)		MOTHER'S LAST NAME:	
FATHER'S FIRST NAME:		FATHER'S LAST NAME:	
DECEASED DATE (IF APPLICABLE): (DAY - MONTH - YEAR)	_____ - _____ - _____		
PHONE No. 1:		PHONE No. 2:	
FAX No.:		WORK PHONE No.:	EXT: _____
E-MAIL ADDRESS:	_____		

IDENTIFICATION (PROVIDE AT LEAST ONE OF THE FOLLOWING:)

PASSPORT NUMBER:		ISSUANCE DATE:	
EXPIRATION DATE:		PLACE OF ISSUANCE:	
ISSUING AUTHORITY:	_____		
DRIVER'S LICENCE No.:		EXPIRATION DATE:	
PLACE OF ISSUANCE:		ISSUING AUTHORITY:	
BIRTH CERTIFICATE No.:		ISSUANCE DATE:	
PLACE OF ISSUANCE:		ISSUING AUTHORITY:	
OTHER DOC No.: <small>(if applicable)</small>		OTHER DOC No.: <small>(if applicable)</small>	

See the Taxpayer Guide to completing this form for the acceptable forms of Proof of Identity (POI).

ARE YOU A RESIDENT OF PAPUA NEW GUINEA? <input type="checkbox"/> Yes <input type="checkbox"/> No				(see form instruction sheet for legal definitions of "Resident" and "Non-Resident")	
HOME ADDRESS (P.N.G. RESIDENTS ONLY)	SECTION No:		LOT No:		
	STREET / SUBURB / DISTRICT:				
	COUNTRY:		PROVINCE:		
	CITY:				
MAILING ADDRESS (P.N.G. RESIDENTS ONLY)	P.O. BOX:				
	COUNTRY:		PROVINCE:		
	CITY / POST OFFICE:				
	CARE OF (C/-):				
FOREIGN ADDRESS (IF NON-RESIDENT):					
COUNTRY:		CITY / POST OFFICE:		POSTAL CODE:	
BANK INFORMATION (IF YOU HOLD A BANK ACCOUNT YOU MUST PROVIDE THE DETAILS BELOW)					
ACCOUNT No.:		BANK:		BRANCH:	
ADDRESS:			CITY / POST OFFICE:		PROVINCE:
REPRESENTATIVE INFORMATION AND TAXPAYER COMMENT					
REPRESENTATIVE NAME:					
REPRESENTATIVE TYPE: <input type="checkbox"/> Lawyer/Solicitor <input type="checkbox"/> Relative <input type="checkbox"/> Self-Representation <input type="checkbox"/> Tax Agent					
REASON: <input type="checkbox"/> Deceased <input type="checkbox"/> Insolvent <input type="checkbox"/> Legally Disabled <input type="checkbox"/> Minor <input type="checkbox"/> Non-Resident <input type="checkbox"/> Other <input type="checkbox"/> Own Preference					
PHONE NUMBER 1:			PHONE NUMBER 2:		
E-MAIL ADDRESS:					
SEND CORRESPONDENCE TO REPRESENTATIVE: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE ADDRESS BELOW:					
ADDITIONAL COMMENTS REGARDING REPRESENTATIVE(S) (OPTIONAL):					
BUSINESS / ACTIVITY INFORMATION					
INDIVIDUAL SITUATION: <input type="checkbox"/> Investment Income Earner <input type="checkbox"/> Salary & Wage Earner <input type="checkbox"/> Sole Trader (tick all applicable) Which of the above options is your main income-earning business / activity _____					
IF SOLE TRADER: Do you have any employees? <input type="checkbox"/> No <input type="checkbox"/> Yes Projected annual turnover exceeds K250,000? <input type="checkbox"/> No <input type="checkbox"/> Yes Business Name: _____					
BUSINESS ADDRESS (PHYSICAL ADDRESS NOT PO BOX): _____					
START DATE OF BUSINESS/ACTY:			END DATE OF BUSINESS/ACTY:		
			<small>(IF APPLICABLE)</small>		
IMPORTER: <input type="checkbox"/> EXPORTER: <input type="checkbox"/> (tick if applicable)					
SIGNATURE OF APPLICANT					
I declare that the information that I have provided is true and correct in every detail and discloses a full and complete statement of the facts. I understand that the law imposes heavy penalties for false and misleading statements.					
SIGNED:			DATE:		