

1. Title <input type="checkbox"/> Mr/Mrs/Miss		Surname <input type="text"/>		Section A
First Name <input type="text"/>		Middle Name <input type="text"/>		
2. Mother's Maiden Name <input type="text"/>				
3. Date of Birth (dd/mm/yyyy) <input type="text"/>		Place of birth city/ town <input type="text"/>		
District <input type="text"/>		4. Gender (<i>Mark X in appropriate box</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female		
5. Country of Residence: <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Other		6. Nationality: <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Other		
If other specify.....		If other specify.....		
7. Nationality Details: ID Number <input type="text"/>		Passport No <input type="text"/>		
8. Residence permit No. (For Non-Sierra Leonean) <input type="text"/>				
9. Postal Address: P.O.Box <input type="text"/> Street <input type="text"/>				
City/Town <input type="text"/>		District <input type="text"/>		
10. Residential Address: Street <input type="text"/>				
City/Town <input type="text"/>		District <input type="text"/>		
11. Telephone/ E-mail: Telephone: Land Line <input type="text"/>		Mobile <input type="text"/>		
E-mail Address <input type="text"/>				

SOLE PROPRIETORSHIP INFORMATION		Section B
12. Business Name <input type="text"/>		
13. Business Location: Street <input type="text"/>		
City/Town <input type="text"/>		District <input type="text"/>
14. Business Telephone & E-mail: Land Line <input type="text"/>		Mobile <input type="text"/>
E-mail Address <input type="text"/>		
15. Describe your Business Activity:		
16. Estimate of Annual Turnover: In Words.....		
In figures Le <input type="text"/>		
17. Administrator & Registrar General's No. <input type="text"/>		Income Tax File No. <input type="text"/>
Custom ID No. (CIN) <input type="text"/>		

CERTIFICATE		Section C
I declare that the particulars given above are correct and complete.		
<input type="text"/> <i>Signature</i>		<input type="text"/> <i>Date & Official Stamp</i>

FOR NRA OFFICIAL USE ONLY		Section D
19. Date of Issue <input type="text"/>	20. Data Entry By <input type="text"/>	
21. Trade Activity Classification <input type="text"/>	22. TIN Assigned <input type="text"/>	
23. Tax District <input type="text"/>		

NOTES

- ☞ **This form is to be filled by Individuals and operators of Sole Proprietorship only.**
- ☞ **Individual employees are to complete only sections A and C.**
- ☞ **Sole Proprietorships are to complete sections A, B and C.**
- ☞ **Attach photocopies of Certificate of Registration and National ID Card/Passport/Driver's License for Sierra Leoneans and in the case of Non-Sierra Leoneans photocopies of Certificate of Registration, Passport and Residence Permit.**
- ☞ **Please ensure that originals of photocopy attachments are presented for inspection as a basis for authentication of the photocopies at the NRA office when you are submitting the application.**

Section A

1. Tick appropriate title and write full name, beginning with surname.
2. Full maiden name (i.e. name before marriage) of mother.
3. Date of birth beginning with day, followed by month and year in that order.
4. Mark **X** in box for male or female.
5. Country of Residence : Mark **X** as appropriate.
6. Nationality : Mark **X** as appropriate.
7. Sierra Leonean to provide National ID Number (or passport / driver's license if applicant has one). Non-nationals of Sierra Leone are to provide passport number and residence permit.
8. Applicable to Non- Sierra Leoneans resident in Sierra Leone.
9. Details of postal address – Post Office Box Number, town (or area) and district in which post office is located. Provide street address and leave out phrases like “near bridge” etc.
10. Residential Address of individual. District could be one of the following: Western Area Urban, Western Area Rural, Kailahun, Kenema, Kono, Bombali, Kambia, Koinadugu, Port Loko, Tonkolili, Bo, Bonthe, Moyamba or Pujehum.
11. Numbers of land-line (at home) and Cell phone. Current E-mail address.

Section B

12. Name of business as appears on certificate of business registration issued by Administrator and Registrar General. If you own more than one enterprise, then you must request for more form(s) from NRA or make photocopies of this form and fill only item 1 of section A and the whole of section B and C for the other enterprise(s).
13. Physical location of principal place where business is conducted (i.e. head office if business is conducted at two or more places). Provide street address and leave out phrases like “near bridge” etc.
14. Business telephone numbers and business current E-mail address.
15. Describe business activities with main activity first. Please be specific.
16. Estimate of annual sales for the most recent year for which the figure is available. For a new business, give estimate of turnover for the first twelve months of the business.
17. The Registration number on the Administrator and Registrar General's certificate. Every registered business must have this number. This information must be provided. Business file number assigned by the Income Tax Department NRA and the Custom and Excise Department are also to be provided. If business has neither the Income Tax number nor the Custom Identification Number indicate it by writing “NA” in the appropriate field(s).

Section C

18. To be filled by the individual or the sole proprietor or Auditor/Accountant of sole proprietorship.

Section D

19-23 **DO NOT FILL THIS SECTION.**