



GHANA REVENUE AUTHORITY
TAXPAYER REGISTRATION FORM - INDIVIDUAL

COMPLETE FORM IN BLOCK LETTERS WITH BLACK / BLUE INK ONLY **A B C D**

SEE PAGES 3 AND 4 FOR INSTRUCTIONS

(THIS FORM IS NOT FOR SALE)

PLEASE SPELL OUT ALL WORDS - NO ABBREVIATIONS

SECTION 1: PRIOR REGISTRATION

ARE YOU A REGISTERED TAXPAYER?

☐ YES☐ NO

SECTION 2: INDIVIDUAL CATEGORY

CATEGORY TYPE (Tick as applicable)

☐ Self employed☐ Employee☐ Foreign mission employee☐ Other

Employer's Name

If OTHER specify:

SECTION 3: PERSONAL DETAILS

TITLE (tick one only)

☐ MR.☐ MRS.☐ MS☐ OTHER

SPECIFY

FIRST NAME

MIDDLE NAME(S)

LAST NAME

PREVIOUS LAST NAME

GENDER (tick one)

☐ MALE☐ FEMALE

MAIN OCCUPATION

MARITAL STATUS (tick one)

☐ SINGLE☐ MARRIED☐ DIVORCED☐ SEPARATED☐ WIDOWED

DATE OF BIRTH

DD/MM/YYYY

BIRTH TOWN

BIRTH COUNTRY

BIRTH REGION

BIRTH DISTRICT

NATIONALITY

RESIDENT (tick one)

☐ YES☐ NO

SOCIAL SECURITY NUMBER

OTHER INFORMATION (tick applicable ones)

☐ IMPORTER☐ EXPORTER☐ TAX CONSULTANT☐ NOT APPLICABLE

MOTHER'S INFORMATION

MAIDEN LAST NAME

FIRST NAME

SECTION 4: TAX REGISTRATION INFORMATION (Complete this section if you are a registered taxpayer)

CURRENT TAX OFFICE

OLD TIN NUMBER

IRS TAX FILE #

SECTION 5: IDENTIFICATION INFORMATION

ID TYPE (tick one)

☐ National ID☐ Voter's ID☐ Driver's License (ID # is certificate of competence)☐ Passport

ID NUMBER

ISSUE DATE

(DD/MM/YYYY)

EXPIRY DATE

(DD/MM/YYYY)

COUNTRY OF ISSUE

PLACE OF ISSUE

SECTION 6: RESIDENTIAL ADDRESS

HOUSE NUMBER

BUILDING NAME

STREET NAME/PROMINENT LANDMARK

TOWN / CITY

LOCATION / AREA

POSTAL CODE

COUNTRY

REGION

DISTRICT

SECTION 7: POSTAL ADDRESS															TICK IF SAME AS RESIDENTIAL ADDRESS														
C/O																													
POSTAL TYPE (tick as applicable)															☐ P. O. BOX ☐ PMB ☐ DTD					POSTAL NUMBER									
BOX REGION																													
BOX TOWN																													
BOX LOCATION/AREA																													

SECTION 8: CONTACT METHOD <i>Indicate purpose of contact within the thick outlined box provided (P - Personal; B - Business; H - Home)</i>																																							
PHONE/LANDLINE NUMBER																				MOBILE NUMBER																			
FAX NUMBER																																							
E-MAIL																																							
WEBSITE																																							
PREFERRED CONTACT METHOD (tick one)															☐ MOBILE ☐ EMAIL ☐ LETTER																								

SECTION 9: BUSINESS (COMPLETE THIS SECTION IF YOU ARE SELF EMPLOYED)																																																	
NATURE OF BUSINESS																																																	
ANNUAL TURNOVER IN GHC																														NO. OF EMPLOYEES																			
HAVE YOU REGISTERED YOUR BUSINESS NAME(S) WITH RGD?															☐ YES ☐ NO					(IF YES, PROVIDE DETAILS BELOW)																													
BUSINESS NAME															OLD TIN										RGD NUMBER																								

BUSINESS ADDRESS																													
HOUSE NUMBER										BUILDING NAME																			
STREET NAME/PROMINENT LANDMARK																													
TOWN / CITY																													
LOCATION / AREA																													
POSTAL CODE																													
COUNTRY																													
REGION																													
DISTRICT																													

SECTION 10: DECLARATION																									RIGHT THUMB PRINT				
I, _____ declare that the information given above is correct and complete <i>full name of applicant</i>																													
SIGNATURE _____															DATE (DD/MM/YYYY)														
NOTE: THUMB PRINTING SHOULD ONLY BE DONE IN THE PRESENCE OF A REGISTRATION OFFICER																													

SECTION 11: THIRD PARTY COMPLETION OF FORM																													
I, _____ declare that the information given above is correct and complete																													
TIN										CELL NUMBER										DATE (dd/mm/yyyy)									
SIGNATURE _____																													

SECTION 12: OFFICE USE ONLY																													
ORIGINATING TAX OFFICE _____															ASSIGNED TAX OFFICE _____														
VETTING OFFICER FULL NAME _____															GRADE _____										ISIC CODE				
DATE OF SUBMISSION ____/____/____ (DD/MM/YYYY)															IRS TAX FILE #														
DATA ENTRY OFFICER _____															DATE OF DATA ENTRY ____/____/____ (DD/MM/YYYY)														
REMARKS _____															ISSUED TIN														

TAXPAYER REGISTRATION FORM – INDIVIDUAL

COMPLETION NOTES	
SECTION	NOTES
GENERAL	Complete Form in BLOCK characters in Black or Blue ink only . Spell out all words - Do not use Abbreviations. All dates are formatted as dd/mm/yyyy. For example 04/06/2011 is 4th June, 2011. If FIELD information is Not Applicable please enter N/A .
SECTION 1 PRIOR REGISTRATION	Tick YES, if you are a registered taxpayer and / or have a TIN , otherwise tick NO.
SECTION 2 CATEGORY	Tick appropriate check box(es). Self Employed , if self employed. Employee , if you are employee of a business concern – specify employer’s name. Foreign Mission Employee , for employees of international organizations who have been identified and approved by the Ministry of Foreign affairs as such under international conventions. Ghanaian and foreign nationals not identified as such by the Ministry of Foreign Affairs who work for international organizations should select employee. Please specify Foreign Mission name under employer’s name. Other , specify, e.g. Student.
SECTION 3 PERSONAL DETAILS	Title - Tick one only; If other specify title. Middle Name(s) - all other legal names (no aliases) other than first and last name. Last name - Same as SURNAME. Previous Last name - same as Previous Surname (due to legal change of name or by marriage). Gender : Tick appropriate box. Main Occupation: Indicate your main occupation e.g. Civil Servant. Marital status: Tick appropriate box. Birth Country: if birth country is <u>not</u> Ghana, enter N/A for birth region and district. Resident: This specifies your residency status. For Tax Administration in Ghana, Resident individual means; (1) an individual is a resident individual if that individual is a. A citizen of Ghana, other than a citizen who has a permanent home outside Ghana for the whole of the calendar year. b. Present in Ghana for a period, or periods amounting in aggregate to, 183 days or more in any twelve-month period that commences or ends during the calendar year. c. An employee or official of the Government of Ghana posted abroad during the calendar year or d. A citizen who is temporarily absent from Ghana for a period not exceeding 365 continuous days where that citizen has a permanent home in Ghana. Other Information: Select or Tick those that apply. Are you an Importer, Exporter, or Tax Consultant. Mother's maiden last name: This is your mother's maiden surname.
SECTION 4 TAX REGISTRATION	If you are already a registered taxpayer, specify Current Tax Office , office where you transacted tax business. Old Taxpayer Identification Number , the 10 character ‘old’ TIN assigned. IRS tax file number , the file number allocated.
SECTION 5 IDENTIFICATION	ID types : Tick ID type for registration and complete section with the details of that ID type. All ID types, except for passport, are Ghana IDs. A colour photocopy of the ID should accompany the application for verification. In the case of Passports, attach picture page and passport details page to the application. <i>Original ID may need to be validated.</i> Employees of foreign mission as specified above are to submit information details (copy of passport info) to the Ministry of Foreign affairs. Note: The Driver Licence ID number is the Certificate of Competency, not PIN. This is located at the bottom right hand corner of the Driver licence.

SECTION 6 RESIDENTIAL ADDRESS	House number - this is the number of the house on the street. For example for 250 Ako Adjei Street the house number is 250 and Ako Adjei street is the street name. Building Name: Conspicuously and recognizable labelled building, for example VAT HOUSE. Street name - Name of street including description of landmark(s) that could aid in locating the building e.g. Ring Road, 50m from Kwame Nkrumah Circle. Postal Code : applicable to only applicants with foreign postal addresses. Location / area - Name of location - suburb and description of area within a city or town. For example DANSOMAN (AKOKOFOTO) or NORTH KANESHIE (LAST STOP).
SECTION 7 POSTAL ADDRESS	Provide Postal address. Postal type: Select the Postal type applicable. I. P. O. Box: Normal Post box. II. P.M.B: Private Mail Bag. III. DTD: "Door To Door" delivery . Box Location / area - Name of post office area - e.g Cantonments or Accra-North.
SECTION 8 CONTACT METHOD	Provide details of method of contact - Phone Number, Mobile Number etc and Indicate the purpose of that method by preceding each method of contact information with: B – for Business (contact at business location); H - Home (contact at home); P - Personal (direct personal contact); in bolded boxes, and supply contact information to the right of the bolded box. Select the preferred method of contact by ticking one of the following checkboxes: Letter, Email, Mobile, Fax
SECTION 9 BUSINESS	Complete if you are Self employed or have registered business(es). Nature of business: Provide a brief description of business activities or nature of business. Annual Turnover: Annual turnover for the past calendar year or twelve months; or projected annual turnover. No. Of Employees: Number of employees or projected number of employees. Business Names: If you have registered business name(s), provide name(s), old taxpayer identification number (TIN) and the Registrar General's Department's business number. Business Address: Explanatory notes as in section 6.
SECTION 10 DECLARATION	Applicant must provide full name (as given in Section 3) and sign. Applicant is held liable for any false declaration. Applicant may thumbprint in place of signature. The thump-printing must be in the presence of Ghana Revenue Authority (GRA) Registration Officer and in a GRA office. Section 11 must be completed If applicant is not the one submitting the application.
SECTION 11 THIRD PARTY DECLARATION	The third party submitting or completing the application shall complete all boxes – Full Name, New TIN, Cell phone number, Date and Signature and will be held liable for any false declaration. Note: The third party is required to have the new 11 character TIN and should submit or attach a colour photocopy ID of themselves (i.e. one of the IDs identified in section 5) to the application.