



PAPUA NEW GUINEA
Taxation Act 1959
APPLICATION FOR REGISTRATION AS A TAX AGENT
(PARTNERSHIP)

The Declaration set out on the reverse side of this form MUST be completed

NAME OF PARTNERSHIP (Use Block Letters)		
Nature of Business		
Business Address		
Address for Service Of Notices. (Use Block Letters)		If more than one office, the address of the Head Office and of each Branch Office must be stated
Full name and Address Of each Partner		Telephone _____ Fax _____
Full name of Partner it is desired to register as Nominee		Enclose two original references addressed to the Commissioner General for each Partner. Date of Birth to be shown if under 21 years of age.
Full name of each other Partner it is desired to Register as additional Nominee		
Address for Service of each Nominee.		
Academic Qualifications		
Brief summary of: experience in Taxation matters in the last ten years.		Attach documentary evidence of any Degree, Diploma, or membership of any recognised Accountancy or Secretarial Institute.
Particulars of registration as a Tax Agent relating to Income Tax in any country other than PNG.	Name of Partner _____ Name of Board _____ Registration Number _____	
Has registration as a Tax Agent been cancelled or refused in any country outside PNG? If so give details.		

The Registrar of Tax Agents Internal Revenue Commission Port Moresby	
We hereby apply for registration as a Tax Agent under the provisions of Part VIII of the Taxation Act, and enclosed the prescribed fee of K1,000.00.	
In support of this application we have set out the information shown on this form. We declare that this information is true and correct in every particular.	
Dated this _____ Day	
of _____ 20 _____	_____
Signature of witness _____	Signatures of Applicants _____
Address of Witness _____	_____
_____	_____

<u>FOR OFFICE USE ONLY</u>

Reverse of the Application for Registration Form



PAPUA NEW GUINEA
Taxation Act 1959
**APPLICATION FOR REGISTRATION OF AN ADDITIONAL OR
SUBSTITUTED NOMINEE. (PARTNERSHIP OR COMPANY)**

Name of Partnership or Company _____
Address _____

NAME IN FULL (Use Block Letters)	SURNAME	CHRISTIAN NAMES
	Address	
Address for Service Of Notices. (Use Block Letters)		
Academic Qualifications		Attach documentary evidence of any Degree, Diploma, or membership of any recognised Accountancy or Secretarial Institute.
Brief summary of: experience in Taxation matters in the last ten years. Enclose two original references addressed to the Commissioner General		
Particulars of registration as a Tax Agent relating to Income Tax in any country other than PNG.	Name of Board _____	
	Registration Number. _____	
Has registration as a Tax Agent been cancelled or refused in any country outside PNG? If so, give details		
In substitution for (Give name of previous nominee if applicable).		

The Registrar of Tax Agents
Port Moresby

_____ being a *Partnership/Company already registered as a Tax Agent, hereby applies for registration as an *additional/substituted Nominee of the *Partnership/Company, the *partner/employee detailed in the Schedule shown above and enclose the prescribed fee of K500.00. *I/We the person(s) making this application declare that the particulars shown therein are true and correct in every detail. Signatures of all members of the Partnership or Signature of Public Officer of Company

Dated this _____ day _____

Of _____ 20 _____

Signature of Witness _____

Address of witness _____