



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

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

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

The Registrar of Tax Agents  
Internal Revenue Commission  
Port Moresby

The Company of \_\_\_\_\_

Incorporated in \_\_\_\_\_ hereby applies for registration  
as a Tax Agent under the provisions of Part VIII of the Taxation Act, and encloses the  
prescribed fee of K1,000.00.

In support of this application I have set out the information shown on this form. I declare  
that this information is true and correct in every particular.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20

Signature of witness \_\_\_\_\_ Signature of  
Public Officer \_\_\_\_\_

Address of Witness  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY

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 \_\_\_\_\_