



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 _____ 19 _____

Signature of witness _____

Signatures of Applicants _____

Address of Witness _____

FOR OFFICE USE ONLY

Reverse of the Application for Registration Form