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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GHANA REVENUE AUTHORITY**  **TAX TYPE REGISTRATION, DE-REGISTRATION /**  **AMENDMENT FORM**  **COMPLETE IN BLOCK LETTERS**  ***WRITE OUT THE LETTER ‘’C’’ WITHIN THE FIRST COLUMN BOXES PROVIDED*, C=CHANGE**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **TIN** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | | **Name of Taxpayer** |  |  |  |  | | --- | --- | | **Address** |  | |  |   **PLEASE TICK THE APPROPRIATE CHECK BOXES** | | | | | | | | |
|  | **TAX TYPES** | **Registration** | **De-registration** | **Re-registration** | **Suspension** | **Re-activation** | **Eff. Date** | **Reason Code** |
|  | **DIRECT TAXES** |  | | | | | | |
|  | **COMPANY INCOME TAX -CIT** |  |  |  |  |  |  |  |
|  | **PERSONAL INCOME TAX-PIT** |  |  |  |  |  |  |  |
|  | **PAY AS YOU EARN - PAYE** |  |  |  |  |  |  |  |
|  | **WITH HOLDING TAX** |  |  |  |  |  |  |  |
|  | **VEHICLE INCOME TAX-VIT** |  |  |  |  |  |  |  |
|  | **MINERAL ROYALTIES** |  |  |  |  |  |  |  |
|  | **PETROLEUM REVENUE** |  |  |  |  |  |  |  |
|  | **STAMP DUTY** |  |  |  |  |  |  |  |
|  | **CAPITAL GAINS** |  |  |  |  |  |  |  |
|  | **GIFT TAX** |  |  |  |  |  |  |  |
|  | **RENT TAX** |  |  |  |  |  |  |  |
|  | **AIRPORT TAX** |  |  |  |  |  |  |  |
|  | **NATIONAL FISCAL STAB.LEVY-NFSL** |  |  |  |  |  |  |  |
|  | **TAX STAMP** |  |  |  |  |  |  |  |
|  | **INDIRECT TAXES** |  |  |  |  |  |  |  |
|  | **VALUE ADDED TAX (VAT)-STANDARD** |  |  |  |  |  |  |  |
|  | **WITHHOLDING VAT** |  |  |  |  |  |  |  |
|  | **VALUE ADDED TAX (VAT)-FLAT RATE** |  |  |  |  |  |  |  |
|  | **COMMUNICATION SERVICE TAX-CST** |  |  |  |  |  |  |  |
|  | **NATIONAL HEALTH INSURANCE LEVY** |  |  |  |  |  |  |  |
|  | **GHANA EDUCATIONAL TRUST FUND LEVY** |  |  |  |  |  |  |  |
|  | **VAT/CST ON IMPORTED SERVICE** |  |  |  |  |  |  |  |
|  | **EXCISE DUTY** |  |  |  |  |  |  |  |
| **DECLARATION** | | | | | | | | |
| **I, declare that the information given above is correct and complete**  **Full name of applicant**    **Position Date of Declaration / / .**    **Signature** | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | |
| **Originating office**  **Name of Vetting Officer . Date of Submission / / .**  **Name of Data Entry Officer . Date of Data Entry / / .**    **Remarks .**  **. .** | | | | | | | | |
|  | | | | | | | | |