



**NATIONAL REVENUE AUTHORITY
DOMESTIC TAX DEPARTMENT(DTD)
Republic of Sierra Leone**

DTD 003A

HEAD OFFICE DETAILS

DTD BRANCH FORM

Section A

| | | | |
|---|----------------------|----------------------|---------------------------------|
| Name of Business or Proprietor [1] | | | |
| Address of Principal place of business [2] | | | |
| | Town/District/Region | / | / |
| Taxpayer Identification No.(TIN) {if any} [3] | <input type="text"/> | <input type="text"/> | Mobile [3] <input type="text"/> |

BRANCH 1

BRANCH DETAILS

Section B

| | | | |
|--------------------|----------------------|---|---|
| Branch Name [5] | | | |
| Branch Address [5] | | | |
| | Town/District/Region | / | / |

BRANCH 2

| | | | |
|--------------------|----------------------|---|---|
| Branch Name [4] | | | |
| Branch Address [5] | | | |
| | Town/District/Region | / | / |

BRANCH 3

| | | | |
|--------------------|----------------------|---|---|
| Branch Name [4] | | | |
| Branch Address [5] | | | |
| | Town/District/Region | / | / |

BRANCH 4

| | | | |
|--------------------|----------------------|---|---|
| Branch Name [4] | | | |
| Branch Address [5] | | | |
| | Town/District/Region | / | / |

CERTIFICATE

Section C

| | | | |
|--|--|----------|--|
| [6] I <input style="width:500px;" type="text"/> | declare that the informaton given above are correct and complete | | |
| | (Full name of signatory in BLOCK LETTERS) | Day | Month |
| Position [7] <input style="width:150px;" type="text"/> | Signature [8] | Date [9] | <input style="width:50px;" type="text"/> |

FOR NRA OFFICIAL USE ONLY

Section D

| | | | |
|--------------------------|---|----------------------------------|---------------------------|
| Approved by officer [10] | <input style="width:150px;" type="text"/> | Taxpayer Identification No.(TIN) | [12] <input type="text"/> |
| Entered By [11] | <input style="width:150px;" type="text"/> | | <input type="text"/> |

If you need clarification or assistance in completing this form please contact the Domestic Tax Department (DTD) 17/19 Wellington Street Freetown

Box Number

- 1** - Enter FULL NAME as follows
- * **Sole Proprietor** - Title (Mr./Mrs./Miss/Dr.) followed by other name (s) and surname
 - * **Partnership** - Registered name of the partnership.
 - * **Company** - Name of company as entered on the Certificate of Incorporation
- 2** - Enter details for your principal place where the Head Office day to day business is conducted.
- 3** - Enter your Taxpayer Identification Number (TIN).
- 4** - Enter the full name of your branch. If you have more than four(4) branches, then you must request for a supplementary form from GST Administration Unit or make photocopies of this fill sections A,B and C and attach the completed forms.
- 5** - The Physical location of each branch(es) must be enter. Provide streets address(es) and leave out phrases like "near the bridge" etc.
- 6 - 9** - Certificate to be completed as follows:
- * **Sole Proprietor** - only by the Sole Proprietor himself/herself
 - * **Partnership** - one of the Partners
 - * **Company** - a Director or Company Secretary
 - * **SOE/Public Corporation** - a Director or Company Secretary
 - * **Others** - Legally responsible person
- 10 - 12** - DO NOT FILL ITEMS 10-12