



Guyana Revenue Authority

Taxpayer Registration Form-Organisation

TIN

Supplementary Sheet - Owners, Directors,  
Partners or other Principal Officers

For phone numbers, do not use characters such as dashes, hyphens or spaces.

<div>1</div> <div>Name:</div> <div></div> <div>TIN:</div> <div>Principal Partner/Officer?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div>Phone:</div> <div>Ext.:</div> <div>Relationship:</div> <div><input type="checkbox"/> Partner</div> <div><input type="checkbox"/> Owner</div> <div><input type="checkbox"/> Director</div> <div><input type="checkbox"/> Company Secretary</div> <div><input type="checkbox"/> Beneficial Owner</div> <div>Date Responsibility commenced:</div> <div></div>
<div>2</div> <div>Name:</div> <div></div> <div>TIN:</div> <div>Principal Partner/Officer?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div>Phone:</div> <div>Ext.:</div> <div>Relationship:</div> <div><input type="checkbox"/> Partner</div> <div><input type="checkbox"/> Owner</div> <div><input type="checkbox"/> Director</div> <div><input type="checkbox"/> Company Secretary</div> <div><input type="checkbox"/> Beneficial Owner</div> <div>Date Responsibility commenced:</div> <div></div>
<div>3</div> <div>Name:</div> <div></div> <div>TIN:</div> <div>Principal Partner/Officer?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div>Phone:</div> <div>Ext.:</div> <div>Relationship:</div> <div><input type="checkbox"/> Partner</div> <div><input type="checkbox"/> Owner</div> <div><input type="checkbox"/> Director</div> <div><input type="checkbox"/> Company Secretary</div> <div><input type="checkbox"/> Beneficial Owner</div> <div>Date Responsibility commenced:</div> <div></div>
<div>4</div> <div>Name:</div> <div></div> <div>TIN:</div> <div>Principal Partner/Officer?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div>Phone:</div> <div>Ext.:</div> <div>Relationship:</div> <div><input type="checkbox"/> Partner</div> <div><input type="checkbox"/> Owner</div> <div><input type="checkbox"/> Director</div> <div><input type="checkbox"/> Company Secretary</div> <div><input type="checkbox"/> Beneficial Owner</div> <div>Date Responsibility commenced:</div> <div></div>
<div>5</div> <div>Name:</div> <div></div> <div>TIN:</div> <div>Principal Partner/Officer?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div>Phone:</div> <div>Ext.:</div> <div>Relationship:</div> <div><input type="checkbox"/> Partner</div> <div><input type="checkbox"/> Owner</div> <div><input type="checkbox"/> Director</div> <div><input type="checkbox"/> Company Secretary</div> <div><input type="checkbox"/> Beneficial Owner</div> <div>Date Responsibility commenced:</div> <div></div>
<div>6</div> <div>Name:</div> <div></div> <div>TIN:</div> <div>Principal Partner/Officer?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div>Phone:</div> <div>Ext.:</div> <div>Relationship:</div> <div><input type="checkbox"/> Partner</div> <div><input type="checkbox"/> Owner</div> <div><input type="checkbox"/> Director</div> <div><input type="checkbox"/> Company Secretary</div> <div><input type="checkbox"/> Beneficial Owner</div> <div>Date Responsibility commenced:</div> <div></div>
<div>7</div> <div>Name:</div> <div></div> <div>TIN:</div> <div>Principal Partner/Officer?</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div>Phone:</div> <div>Ext.:</div> <div>Relationship:</div> <div><input type="checkbox"/> Partner</div> <div><input type="checkbox"/> Owner</div> <div><input type="checkbox"/> Director</div> <div><input type="checkbox"/> Company Secretary</div> <div><input type="checkbox"/> Beneficial Owner</div> <div>Date Responsibility commenced:</div> <div></div>

Signature

Continuation Sheet Number  
of