

Application Form - Customhouse Brokers

1. Name of applicant: **TIN:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name (s)	Maiden Name	Alias (Call Name)

2. Address:

3. Sex:

4. Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	Month	Date

5. Birth History. Place of Birth **Country** **Region**

Birth Certificate Number

6. Passport Number **Guyana National Identification Number**

7. Telephone Numbers: Cell (s) **Home** **Work**

Email address

8. Citizenship:

a. Are you a citizen of Guyana?

b. Are you a national of a CARICOM Member State?

c. Do you have dual citizenship?

i. If yes, state which country

9. Employment:

a. Are you employed?

i. Are you self-employed, or do you own or operate a business?

If yes, a. Name and details:

b. Nature of business:

ii. Are you an employee of the Government of Guyana?

iii. Are you an employee of the Guyana Revenue Authority?

iv. Were you ever employed by the Guyana Revenue Authority?

If so, state whether you resigned, were terminated,
dismissed, or other.

Other (Please state):

v. Other:

(a). Name of employer:

(b). Address:

(c). TIN:

10. Relationships:

a. Name of spouse: Where Employed:

b. Are you related to any employee of the Guyana Revenue Authority?

i. If yes, state the particulars below:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name (s)	Designation	Relationship

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name (s)	Designation	Relationship

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name (s)	Designation	Relationship

11. Arrest/Prosecution

a. Have you ever been arrested?

a(i). If yes, please when and which Police Station

b. Have you ever been prosecuted?

b(i). If yes, please state (a) where and reason

(b) Type of prosecution

12. During the past three years, have you used, possessed, supplied, or manufactured illegal substances or drugs?

Certification

It should be noted that should the information provided above verified as inaccurate, the Guyana Revenue Authority may invoke the provisions of Regulation 204 P of the Customs Act, Chapter 82:01, and any other applicable provisions to deny your application.

I the undersigned, hereby declare that all particulars given in this application are true, correct, and complete, and that I am willing to abide by and confirm with the requirements, procedures and laws of the Guyana Revenue Authority.

Signature of Applicant

Date

Section V (To be completed by all applicants)

11. References

Name

Address

Name

Address

Name

Address