



## ORGANIZATION REGISTRATION FORM

(FOR USE BY ORGANIZATIONS EXCEPT SOLE PROPRIETORSHIPS)

Fields with\* are mandatory, dates in mm/dd/yyyy. Please keep a copy for your records

<b>Instructions:</b>								
<ol style="list-style-type: none"> <li>1. Use this form (RF01) for new registration, re-registration, modification or closure of any organization that is not a sole-proprietorship.</li> <li>2. If the organization has more than one branch also complete <u>additional</u> appendix form BR01 <u>for each</u> branch.</li> <li>3. If the organization has owners or shareholders also complete OS01 form.</li> <li>4. If the organization has a representative or owners without a TIN, also complete form IN01 for <u>each</u> owner .</li> <li>5. Required documentation for new or re-registrations: Completed business registration application or copy of the business registration certificate from the LBR and articles of incorporation.</li> </ol>								
<b>1. REASON</b>								
<b>1a. Reason for submitting form*</b> <input type="checkbox"/> <b>New (or Re-registration)</b> <input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Closure</b>				<b>1b. TIN (for modify or closure only)</b> <b>5</b>				
<b>2. ORGANIZATION</b>								
<b>2a. Old Company TIN (if you had more than one TIN, list all TINs under which your business operates)</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">1.</td> <td style="width: 25%; border: 1px solid black;">2.</td> <td style="width: 25%; border: 1px solid black;">3.</td> <td style="width: 25%; border: 1px solid black;"></td> </tr> </table>					1.	2.	3.	
1.	2.	3.						
<b>2b. Organization Type* (Select 1 only)</b>	<input type="checkbox"/> <b>Limited Liability Company</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Not for profit Corporation</b> <input type="checkbox"/> <b>Business Corporation</b> <input type="checkbox"/> <b>Limited Partnership</b> <input type="checkbox"/> <b>Church/Religious Organization</b> <input type="checkbox"/> <b>Foreign Corporation</b> <input type="checkbox"/> <b>Foundation</b> <input type="checkbox"/> <b>Government Owned Enterprise</b> <input type="checkbox"/> <b>Foreign Maritime Entity</b> <input type="checkbox"/> <b>Trust</b> <input type="checkbox"/> <b>National Maritime Entity</b>							
<b>2c. Registered Name*</b>								
<b>2d. Main Trade Name*</b>			<b>2e. Country of Incorporation*</b>					
<b>2f. Registration Date</b> mm/dd/yyyy	<b>2g. Business Reg. #</b>	<b>2h. Employer NASSCORP#</b>	<b>2i. Tax Start Date*</b> mm/dd/yyyy	<b>2j. Tax Close Date</b> mm/dd/yyyy				
<b>3. MAIN ADDRESS</b>								
<b>3a. Street and House #* ( If Applicable)</b>		<b>3b. Landmark (Clear Description of Location)*</b>						
<b>3c. City/Village/Town*</b>		<b>3d. District*</b>						
<b>3e. County*</b>		<b>3f. Country*</b>						
<b>3g. PO Box</b>	<b>3h. Type of building where business is located (select 1 only)*:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial		<b>3i. Paying rent?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>4. MAILING ADDRESS ( IF DIFFERENT THAN MAIN ADDRESS)</b>								
<b>4a. Street and House # (If Applicable)</b>		<b>4b. Landmark (Clear Description of Location)</b>						
<b>4c. City/Village/Town</b>		<b>4d. District*</b>						
<b>4e. County</b>		<b>4f. Country*</b>						
<b>5. ACTIVITY INFORMATION</b>								
<b>5a. Is your fiscal year the same as the calendar year?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>5b. If not, when does your fiscal year start?</b>						
<b>Code (OFFICAL USE)</b>	<b>5c. Business Activity Description*</b>		<b>5d. Main Activity* (1 only)</b>					
	1.		<input type="checkbox"/> <b>Yes</b>					
	2.		<input type="checkbox"/> <b>Yes</b>					
	3.		<input type="checkbox"/> <b>Yes</b>					
	4.		<input type="checkbox"/> <b>Yes</b>					
<b>5e. Indicate if you are the following?* (select all apply)</b> <input type="checkbox"/> <b>Importer</b> <input type="checkbox"/> <b>Exporter</b> <input type="checkbox"/> <b>Landlord</b>		<b>5f. Own a Real Estate Property?*</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		<b>5g. # of Employees</b>				
<b>5h. List all eventual or existing related companies (Write on extra paper if needed).</b>								

**6. BUSINESS LICENSES**

6a. Business License #	6b. Business License Type	6c. Start Date mm/dd/yyyy	6d. End Date mm/dd/yyyy
1.			
2.			
3.			
4.			
5.			

**7. COMPANY CONTACT**

7a. Contact Full Name	7b. Position	7c. Telephone #
7d. Email	7e. Phone / Fax #	

**8. INFORMATION REPRESENTATIVE**

8a. Do you have a representative?\*  Yes  No If yes, please complete the rest of this section.

8b. Representative TIN 5	8c. Representative Full Name
8d. Type of representation (select 1 only) <input type="checkbox"/> Accountant <input type="checkbox"/> Broker/Commission <input type="checkbox"/> Lawyer <input type="checkbox"/> Proxy <input type="checkbox"/> Other: _____	
8e. Reason for Representation (select 1 only) <input type="checkbox"/> Deceased <input type="checkbox"/> Legally disabled <input type="checkbox"/> Illness <input type="checkbox"/> Minor <input type="checkbox"/> Security issue <input type="checkbox"/> Travel/business <input type="checkbox"/> Insolvent <input type="checkbox"/> Other	8f. Send Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. FINANCIAL**

9a. Annual Turnover* (Gross Income)	9b. Turnover Year*		
9c. Total business annual gross income in Liberian Dollars (include income from all sources ) 1. Gross business income from last year in Liberian Dollars: _____ 2. Projected gross income/sales for this year in Liberian Dollars:(new taxpayers only): _____			
9d. Capital Origin Country*	9e. Value of Capital*	9f. Shares Authorized*	9g. Par Value*
9h. Foreign Parent Name		9i. Foreign Parent Address	
9j. City, Country Foreign Parent		9k. Is the Parent a Non-resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**10. BANK ACCOUNT INFORMATION (OPTIONAL)**

10a. Account Number	10b. Account Holder	10c. Bank Name	10d. Branch Address

**11. CERTIFICATION**

I certify that the information given above and in the attached appendices is true, accurate and complete to the best of my knowledge. I also understand that any false declaration may lead to prosecution.

11a. CFO Full Name*	11b. Signature*		
11e. CEO Full Name*	11c. Date*	11d. Telephone #*	
	11f. Signature*		
	11g. Date	11h. Telephone #*	

**FOR OFFICAL USE ONLY**

	Name	Date	Signature
Received By			
Captured By			
Validated By			

**TIN application No.**

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**Assigned TIN**

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