RULES

(made under section 5 of the Collector General's Act) (now repealed) saved by section 20 of Act 12 of 1985)

The Customs (Preventive Service) Rules, 1956

L.N. 164/56 185/57 125/60

ORDER (under section 17D (1))

The Revenue Administration (Designation of Registration Authority) LN 1661/99 Order, 1999

ORDER (under section 18)

(Incorporated in Acts)

REGULATIONS (under section 19)

The Revenue Administration (Taxpayer Registration) Regulations, 1996

L.N. 47A/96 108/2002

The Revenue Administration (Appeals and Disputes Settlement) L.N. 70/2002 Regulations, 2002

RULES

(made under section 5 of the Collector General's Act (now repealed) saved by section 20 of Act 12 of 1985)

THE CUSTOMS (PREVENTIVE SERVICE) RULES, 1956

(Made by the Governor in Executive Council on the 30th day of July, 1956)

L.N. 164/56 Amdt. L.N. 185/57 125/60 92/74

- 1. These Rules may be cited as the Customs (Preventive Service) Rules, 1956.
- 2. The Commissioner of Customs and Excise may from time to time require any officer employed in the department of Customs to carry out special duties in connection with the prevention of smuggling and officers so employed shall constitute a Customs Preventive Service (hereinafter referred to as "the Service").
- 3. The duties of the Service shall include the boarding and rummaging of aircraft and ships; the verification, issue and control of the stores of aircraft and ships while such aircraft and ships are within the waters of the Island; the examination of passengers and their baggage, and such other duties as may from time to time be assigned to the Service by the Commissioner of Customs and Excise
- 4.—(1) Notwithstanding regulation 123 of the Customs Regulations, 1955 (hereinafter referred to as "the Regulations"), the working days and hours of the Service shall be throughout the twenty-four hours on all days including Sundays and public holidays:

Provided that: -

(a) if an officer has been on duty for a period which in the aggregate amounts to forty-four hours in any week commencing at midnight on a Sunday (which period of forty-four hours is hereinafter referred to as "the wor! ing week") or for a period of eight hours on any day he shall be paid overtime for any further attendance during such week or on such day as the case may be at the rates laid down in paragraph (1) of regulation

THE CUSTOMS (PREVENTIVE SERVICE) RULES, 1956

- 125 of the Regulations for the extra attendance of officers on days other than Saturdays, Sundays and public holidays;
- (b) if an officer is required to be on duty on a public holiday he shall be paid for his attendance on such public holiday at the rates laid down in paragraph (1) of regulation 125 of the Regulations for work performed on a public holiday;
- (c) if an officer is required to be on duty on a Sunday he shall be paid for his attendance on such Sunday at the rates laid down in paragraph (1) of regulation 125 of the Regulations for work performed on a Sunday;
- (d) if an officer is absent on any working day on approved sick, departmental or vacation leave, he shall, for the purpose of calculating his working week be credited with the number of hours which he would normally have been required to work on that day.
- (2) Attendance of the Service at the request of the public outside the working days and hours prescribed in regulation 123 of the Regulations shall, so far as the person requiring such attendance is concerned, be subject to all the provisions of Part XV of such Regulations but nothing therein shall be deemed to entitle an officer of the Service to receive the fees or any part thereof charged for such attendance.
- 5. Officers of the Service shall wear such uniform and at such times as the Commissioner of Customs and Excise may require and shall be subject to such disciplinary orders as the Commissioner of Customs and Excise is hereby authorized to make.

ORDER

(under section 17D (1))

THE REVENUE ADMINISTRATION (DESIGNATION OF REGISTRATION AUTHORITY) ORDER, 1999

(Made by the Minister on the 20th day of December, 1999)

L.N.166J/99

- 1. This Order may be cited as the Revenue Administration (Designation of Registration Authority) Order, 1999.
- 2. The Tax Administration Services Department is hereby designated with effect from the 1st day of December, 1999 to be the Registration Authority for the purposes of the Act.

REGULATIONS (under section 19)

THE REVENUE ADMINISTATION (TAXPAYER REGISTRATION) REGULATIONS, 1996

(Made by the Minister on the 1st day of April, 1996)

L.N. 47A/96

[1st April, 1996.]

- 1. These Regulations may be cited as the Revenue Administration Citation. (Taxpayer Registration) Regulations, 1996.
 - 2. In these Regulations—

Interpretation.

- "individual" includes-
 - (a) a sole proprietor;
 - (b) an individual partner;
- "organization" means any body of persons, whether corporate or otherwise and includes-
 - (a) a Government ministry or department;
 - (b) a partnership;
 - (c) any educational institution;
- "Registration Authority" and "taxpayer" respectively, have the same meaning as under section 17D of the Act.
- 3.—(1) An application by an individual for registration under Part Application VIB of the Act shall be in the form set out as Form 1 of the Schedule schedule. hereto.

(2) An application under this regulation shall be submitted to the Registration Authority and shall be accompanied by such documentation as is specified in Form 1 as is applicable to the applicant.

Application by organization. Form 2.

- 4.—(1) An application by an organization for registration under Part VIB of the Act shall be in the form set out as Form 2 of the Schedule hereto.
- (2) An application under this regulation shall be submitted to the Registration Authority and shall be accompanied by such documentation as is specified in Form 2 as is applicable to the applicant.

Additional information.

5. An application under Part VIB of the Act shall be accompanied by such additional information and documentation as the Registration Authority may specify.

Issue of TRN card and certificate.

- 6. Where the Registration Authority registers any taxpayer pursuant to Part VIB of the Act, it shall, in addition to assigning a registration number in respect of that taxpayer, issue—
 - (a) in the case of an individual not engaged in any capacity, as an independent contractor in a trade, business or professional activity, a card to be called the "TRN card" (and which is hereinafter so called) which shall be in the form specified as Form 3 in the Schedule;

Form 3.

(b) in the case of an individual who is engaged as an independent contractor in any category of activity specified in paragraph (a), a TRN card and a data sheet in the form set out as Form 4 in the Schedule which sheet shall be verified as to accuracy by the individual;

Form 4.

(c) in the case of an organization a registration certificate which shall be in the form set out as Form 5 in the Schedule and a data sheet in the form set out as Form 4 in the Schedule which sheet shall be verified as to accuracy by the organization.

Form 5. Form 4.

Provisional

registration.

- 7.—(1) Where a taxpayer transacts business with a revenue department and is not registered under Part VIB of the Act, notwithstanding that—
 - (a) an application for registration has not been made; and
 - (b) the Registration Authority does not possess all the information required for registration,

the Registration Authority may register the taxpayer and assign a provisional registration number to that taxpayer which number shall be prefaced by the letter "P".

- (2) A provisional registration number shall—
- remain in force until a TRN card is issued pursuant to regulation 6 and a registration number is assigned in respect of the relevant taxpaver; and
- (b) while in force be regarded for all purposes as if it had been assigned permanently.
- 8. The Registration Authority shall in relation to taxpayers registered Register. pursuant to these Regulations, cause to be kept a register (to be known as the Taxpayer Register) which shall contain such particulars in respect of registered taxpayers under the Act as the Authority deems appropriate.
- 9. An entry in the Taxpayer Register may be varied or removed as the Alterations of case may require where the Registration Authority is informed of a change in the information pertaining to the registration of a taxpayer.

THE REVENUE ADMINISTRATION (TAXPAYER REGISTRATION) REGULATIONS, 1996



THE REVENUE ADMINISTRATION ACT

FORM 1

APPLICATION FOR TAXPAYER REGISTRATION (INDIVIDUALS)

PLEASE SEE INSTRUCTIONS OVERLEAF BEFORE COMPLETING THIS FORM

SECTION A									
Type of application (Tick appropriate box)				Taxpayer Registration Number (TRN)					
First application									
Amended appli	cation (if amen boxes)	ded, complete	o <u>only</u> relevant						
1. Name -	DOXES)			2. Name at Birth	- (If differen	t from 1.)			
Last:				Last:	•				
First:				First:					
Middle:	- <u></u>			Middle:					
3. Reason for Name Ch	Ť	4.	Sex	5. Marital Status	Crown		6. Date of B	irth	
Adoption	Marriage		Male	Single	Divor	ced	Year	Month	Day
Deed Poll	Other		Female	Married	Wido	wed			
7. Country of Birth		8.	Parish of Bi	rth		9. Plac	ce of Birth		
Jamaica	Other Co	de			Code	-			
(If Other, Specify) ▶				T					
10. Nationality	_			11. Telephone N Home ▶					
Jamaican	Other		Code	Work >					
(If Other, Specify) ► 12. Home Address (Apt.	No., Street No. 8	Name. Post	al Zone. Paris		<u> </u>				
12. 110.110 / 10.000 / /	, , , , , , , , , , , , , , , , , , , ,	,	.,	Address ▶	•				
				13(b) Mailing Ad	Idress (If Dif	ferent Fro	m Home Addr	ess)	
1									
			Code						Code
14. Mother's Name (MA	IDEN Siret Mide			15. Name of Ap	nlicant's Sno	nuse // e	et Firet Middle	<u> </u>	
14. Modific o Maine (ME	INC. THOU	110)		10. Name of Ap	pilodin G Opt	Jaco (La.	31, 7 17 31, 1773 01	•/	
				<u> </u>					
16. (a) NIS Number:				provide <u>QNE</u> (1) o		ng three	(3) identificat	ions (ID):
_			☐ ☐ Dri	ver's Licence No:					
(b) Income Tax Reference No.:			☐ Na	tional ID No:		(Birth Certific	ate No)
Reference No			eenort No	sport No: (Passport Code Type:)					
18. Occupation/Profess	ion			carry on a Trade,	Business or			_/	<u> </u>
			Пуе						
				- state	number of b	ousiness	es in box <table-cell-columns></table-cell-columns>	.	
	Code		[†] □	,			form for eac	n	
			EOR OFFIC	If no, complet	e Section C	overies	<u> </u>		
Identification Presented		Documents		Receiving		Remarks			
Pasaport		NIS Refe	erence Card	Office:►					
Driver's Licence			· ·	Date: ►					
National	□ Birth	Busines		Agency		i			
□ 10: □ OM	Certificete		ition Certificate]					
New		Status	п	(Official Stamp)					
New Opdated									
Processing Officer's Name			Processing Officer's Signature						
				<u></u>					
PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM									
Form 1 (lasued 2002/08)						Tax Ad	ministration Se	rvices De	epartment

FORM 1, contd.

20. Trade/Business Name			21. Telephone Number(s)						
				21(a)Fax Number(s)					
21(b) Business Address (Apt. No., Stree	, 21(c) Business Mailing Address (If different from Business Address								
(Partsh)									
			Code	_			[Code	
21(d) E-mail Address			1	22. Date Business Acquired/					
				Started/To Start	Year	1 1	Month J	Day j,	
23. If Acquired, state the previous - (Last, First, Middle,)			24. Date First Employee Commenced Employment	Year	<u> </u>	Month	L L L	
Owner's Name:						L 1			
Business Name:				25. Date Accounting Year Begins Month Day					
TRN:							Lı	L	
26. NIS (Employer's) No.: Bueiness Name Registration No.:			27. Name of Auditing Firm/Accountant:						
Date of Registration:				TRN:					
	Cod	io		_			Code		
SECTION C			1			·	ئــــــــــــــــــــــــــــــــــــــ		
30. Employer's Name and Address				31. Collectorate/Agency at whi TRN Card	ch you De	sire to C	Collect y	our	
{				l					
				31(a) Collectorate nearest you	Home Ad	dress			
32. I declare that the information give	en in this	form is	to the b				- 14		
32. I declare that the information give	en in this	form is	to the k						
	en in this	form is	to the b	est of my knowledge and belief t					
Applicant's Name	en in this		-	est of my knowledge and belief t					
Applicant's Name Date		INS	TRU	Applicant's Signature	rue and co	vrect.	ı areas.		
Applicant's Name Date Please TYPE or PRINT. Use blue Tick (1) appropriate box(es) whe	e or black	INS	TRU y. Corr	Applicant's Signature C T I O N S plete ALL relevant boxes. Do No	rue and co	vrect.	d areas.		
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Applicant's Name Date Please TYPE or PRINT. Use blue Tick (√) appropriate box(es) whe Boxes 1 and 2: At 'Middle', please Box 17: Provide at least one (1) v (NB: Baptismal Certificate and Ce	e or black re require e state all valid ID. ertificate o	INS cink onlead. I your m	TRU y. Com aiddle na nal ID is Registra	Applicant's Signature C T I O N S plete ALL relevant boxes. Do Notames if more than one. used, provide a certified copy of tion, that is, "pink form", will not	OT write in	shaded	ate.		
Applicant's Name Date Please TYPE or PRINT. Use blue Tick (1/2) appropriate box(es) whe Boxes 1 and 2: At 'Middle', please Box 17: Provide at least one (1) v	e or black re require e state all valid ID. ertificate of ee and a c	INS cink only ed. I your m If Nation of Birth I	TRU y. Com iddle national ID is Registra photog	Applicant's Signature CTIONS plete ALL relevant boxes. Do Notames if more than one. used, provide a certified copy of attion, that is, "pink form", will not aph for ID must submit their app	OT write in your Birth be accepted ications in	a shaded	eate.		



FORM 2

APPLICATION FOR TAXPAYER REGISTRATION (ORGANIZATIONS)

Type of Application (Tick appropriate box) First application Amended application Doxes Rusiness Name	SECTION A	ISTRUCTIONS OVER	LEAF C	BEFORE COMPLETING THIS FORM.					
Amended application (if amended, complete only relevant boxes) 1. Business Name		priate box)	Taxpayer Registration Number (TRN)						
1. Business Name 2. Trade Name 3. Telephone Number(s) 3. Description No. Should No.		•							
1. Business Name 2. Trade Name 2. Trade Name 3. Telephone Number(s) 3. Specification No. Street No. & Name, Postal Zone, Partial) 5. Business Mailing Address (it different from Business Address) 6. Date Business Acquired/ Year Month Day 7. Date First Employee Year Month Day Started/To Start ▶ 8. If Acquired, State the previous - (Last, First, Middle) Owner's Name: 9. Date Accounting Year Begins ▶ 10. Name of Auditing Firm/ Accountant: TRN: 11. Income Tax No. Company Registration No.: 12. Specify Nature of Business. Date of Registration: Date of Registration: Date of Registration: Date Responsibility Year Month Day Individual TRN: Date Directors or other Senior Officers/Partners in box and list overleaf Date Responsibility Year Month Day Comments Presented Certificate of Incorporation Date Name Arm Code Certificate of Incorporation Date Name Arm Code Certificate of Incorporation Date Name Arm Code Date Responsibility Part Month Day Commenced Date Name Arm Registration Date Date Date Name Arm Registration Date Name Arm									
3. Telephone Number(s) 3. (a) Fax Number(s) 3. (b) E-mail Address 4. Business Address (Apt. No., Street No. & Name, Postal Zone, Parkh) 5. Business Mailing Address (if different from Bueliness Address) 5. Business Mailing Address (if different from Bueliness Address) 6. Date Business Acquired/ Year Month Day 7. Date First Employee Year Month Day Started/To Start Personal (Lest, First, Middle) 6. Date Business Acquired/ Year Month Day 7. Date First Employee Year Month Day Begins Personal		oxes)	2. Trade Name	<u> </u>					
4. Business Address (Apt. No., Street No. & Name, Postal Zone, Partsh) 5. Business Mailing Address (if different from Business Activess) 6. Date Business Acquired/ Year Month Day 7. Date First Employee Year Month Day Started/To Start ▶ 8. If Acquired, State the previous - (Last, First, Middle) Owner's Name: Business Name: TRN: 11. Income Tax No.: Company Registration No.: 12. Specify Nature of Business: Code					!				
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6. Date Business Acquired/ Year Month Day 7. Date First Employee Year Month Day Started/To Start 8. If Acquired, State the previous Owner's Name: Business Name: Business Name: TRN: 10. Name of Auditing Firm/ Accountant: TRN: 11. Income Tax No.: Company Registration No.: 12. Specify Nature of Business: 13. Usual Collectorate for Payment 14. Type of Organization Payment 15. Principal Officer's Name: (Last, First, Middle) Individual TRN: Limited Company 2 Partnership 3 Non-Profit Organization Payment 15. Principal Officer's Name: (Last, First, Middle) Individual TRN: Date Responsibility Commenced: Date Responsibility Code Da	3. Telephone Number(s)	3(a) Fax Number(s	3(b) E-mail Address						
6. Date Business Acquired/ Year Month Day 7. Date First Employee Year Month Day Started/To Start 8. If Acquired, State the previous Owner's Name: Business Name: Business Name: TRN: 10. Name of Auditing Firm/ Accountant: TRN: 11. Income Tax No.: Company Registration No.: 12. Specify Nature of Business: 13. Usual Collectorate for Payment 14. Type of Organization Payment 15. Principal Officer's Name: (Last, First, Middle) Individual TRN: Limited Company 2 Partnership 3 Non-Profit Organization Payment 15. Principal Officer's Name: (Last, First, Middle) Individual TRN: Date Responsibility Commenced: Date Responsibility Code Da	A Rusinese Address (ant No. Str.	not No. 8 Namo Poetal Zono 6	5 Rusiness Mailing Address (If different from Rusi	(none Address)					
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Owner's Name: Business Name: Business Name: TRN: TRN: 11. Income Tax No.: Company Registration No.: Company Registration No.: 12. Specify Nature of Business: Code		<u></u>		<u> </u>	Month Day				
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11. Income Tax No.: Company Registration No.: Company Registration No.: Date of Registration: 12. Specify Nature of Business: Code 13. Usual Collectorate for Payment 14. Type of Organization 15. Principal Officer's Name: (Last, First, Middle) Individual TRN: List Directors or other Senior Officers In Box 15/16 continued overleaf 16. State number of Directors or other Senior Officers/Partners in box and list overleaf FOR OFFICIAL USE ONLY Documents Presented Certificate of Incorporation Conestituting Documents New Updated Receiving Office: Business Name Registration: NIS (Employer's) No.: Date Registration: Non-Profit Organization 4	Business Name:								
Company Registration No.: Date of Registration: 12. Specify Nature of Business: Code	TRN:			TRN:					
12. Specify Nature of Business: Code	11. Income Tax No.:			NIS (Employer's) No.:					
12. Specify Nature of Business: Code	Ourse - n De sintention No			Date of Bosintwation.					
13. Usual Collectorate for Payment				Date of Registration.					
13. Usual Collectorate for Payment 14. Type of Organization 1	12. Openly Hardre of Business.								
Payment 1 Limited Company 2 Partnership 3 Non-Profit Organization 4 Trust					Code				
Code 5 Government 6 Statutory Body 7 Other (Specify):	13. Usual Collectorate for	14. Type of Organ	ization						
15. Principal Officer's Name: (Last, First, Middle) Individual TRN: ▶ List Directors or other Senior Officers in Box 16/16 continued overleaf 16. State number of Directors or other Senior Officers/Partners in box and list overleaf FOR OFFICIAL USE ONLY Documents Presented □ Certificate of Incorporation □ Constituting Documents □ Receiving Office:▶ □ NIS Reference Card □ Date: ▶ □ NIS Reference Letter □ Business Name Registration Certificate (Official Stamp)	Payment	1 Limited Com	pany 2	Partnership 3 Non-Profit Organizati	on 4 Trust				
15. Principal Officer's Name: (Last, First, Middle) Individual TRN: ▶ List Directors or other Senior Officers In Box 15/16 continued overleaf Date Responsibility Year Month Day	Code	5 Government	. ε	Statutory Body 7 Other (Specify):					
Individual TRN:	15 Principal Officer's Name:								
Date Responsibility 16. State number of Directors or other Senior Officers in Box 16/16 continued overleaf 17. State number of Directors or other Senior Officers/Partners in box and list overleaf Constituting Documents				1.40.					
Date Responsibility 16. State number of Directors or other Senior Officers in Box 16/16 continued overleaf 17. State number of Directors or other Senior Officers/Partners in box and list overleaf Constituting Documents	Individual TRN:			Year	Month Day				
16. State number of Directors or other Senior Officers/Partners in box and list overleaf FOR OFFICIAL USE ONLY Documents Presented Status: New Remarks: □ Certificate of Incorporation □ Updated □ Constituting Documents □ Receiving Office: □ Date: □ Agency □ NIS Reference Card Date: □ Agency □ Registration Certificate (Official Stamp)		ior Officers in Box 15/16 c	ontinued	Date Responsibility					
Documents Presented Status: New Remarks:									
Documents Presented Status: New Remarks:									
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Constituting Documents Office:▶ NIS Reference Card NIS Clearance Letter NIS Clearance Letter Code: ▶ Business Name Registration Certificate Cofficial Stamp)	I			Remarks:					
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Business Name Registration Certificate Code: ► (Official Stamp)	NIS Reference Card								
Business Name Registration Certificate (Official Stamp)	NIS Clearance Letter			•					
Stamp)	Business Name Registration Certificate	(Official							
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PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM Form 2 (Issued 2002/08) Tax Administration Services Department		FLEMSE SEE OVERL	EAF F		Services Denartman				

THE REVENUE ADMINISTRATION (TAXPAYER REGISTRATION) REGULATIONS, 1996

F FORM 2, contd.

15/16. Directors or other Senior Officers/Partners; (cont'd from overleaf) 1) Name (Last, First, Middle)	Individual TRN	Date Responsibility Commenced					
	Title	Year	Month Day				
2) Name (Last, First, Middle)	Individual TRN						
	Title	Year	Month Day				
(2) Name (1 - 4 5'-4 16'-4'-4')	Individual TRN	 					
(Last, First, Middle)							
	Title	Year	Month Day				
<u> </u>							
4) Name (Lest, First, Middle)	Individual TRN						
	Title	Year	Month Day				
5) Name (Last, First, Middle)	Individual TRN						
	Title	Year	Month Day				
0.11	Individual TRN						
6) Name (Lest, First, Middle)	INDIVIDUAL FRIN						
	Title	Year	Month Day.				
7) Name (Last, First, Middle)	Individual TRN						
	Title	Year	Month Day				
(List others, if applicable, on additional sheet and attach							
17. If Business has Branches, state number of Branches in t		or each Branch					
SECTION B							
18. I declare that the information given in this form is to the b	pest of my knowledge and belief true	and correct.					
Name Signature							
Title Date							
INSTRUCTIONS							
► Please TYPE or PRINT. Use blue or black ink only. Com		vrite in shaded a	reas.				
► Tick (✓) appropriate box(es) where required.							
► Box 18: Applications should ONLY be signed by a Director or Company Secretary.							
▶ Return completed form to the Taxpayer Registration Centre (TRC) or nearest Collectorate along with original documents and an additional form for each branch, if applicable							

No. LTS/48A/L

FORM 3

TAXPAYER REGISTRATION NUMBER CARD

FRONT

BACK



TAXPAYER REGISTRATION NUMBER

REGISTRATION NUMBER

TAXPAYER'S SURNAME, TAXPAYER'S FIRST AND MIDDLE NAMES

TAXPAYER'S SIGNATURE

This card is issued by the Government of Jamaica. It is to be used when trans-acting business with any Revenue Agency. This eard is not transferable and may only be used by the authorized holder. If found return to:

TAXPAYER REGISTRATION CENTRE THE REVENUE BOARD 12 OCEAN BOULEVARD, KINGSTON MALL or any collectorate islandwide

Control No.

Revenue Commissioner
Revenue Services Division, The Revenue Board
Form TRN 3

FORM 4

重	TRN REGISTRATION DATA SHEET	TAX	PAYER REGISTRATION NUMBER	PAGE
BUSINES	S ADDRESS	TRA	DE NAME	
		1		
BUSINES	S NAME AND MAILING ADDRESS	TEL	EPHONE NUMBER(S)	FAX NUMBER
		DAT	E BUSINESS ACQUIRED / START	ED / TO START
		DA	E FIRST EMPLOYEE COMMENCE	ED EMPLOYMENT
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[The inclusion of this page is authorized by L.N. 73/1999]

FORM 4, contd.

INSTRUCTIONS TAXPAYER REGISTRATION DATA

This sheet provides detailed information regarding your business enterprise as recorded in the Taxpayer Registration Master File maintained by the Taxpayer Registration Centre (TRC) of the Revenue Board.

Please check the data shown overleaf to verify that it is accurate and up-to-date. If there are any discrepancies, you should advise the Taxpayer Registration Centre as soon as possible. Additionally, to ensure that the data on your file is kept current, you should advise the Taxpayer Registration Centre of any changes. When corrections are required, please forward a copy of the TRN REGISTRATION DATA SHEET with the corrections added or complete and forward a REQUEST FOR CHANGE OF INFORMATION available at the Taxpayer Registration Centre.

Changes in the type of Organization, Ownership or Partnership may result in the creation of a new legal entity which will necessitate your applying for a new Taxpayer Registration Number.

Further, if the business is sold or ceases operation, you should inform the Taxpayer Registration Centre of the date of sale or closure.

Taxpayer Registration Centre Ground Floor 12 Ocean Boulevard Kingston Mall

FORM 5



REGISTRATION CERTIFICATE TAXPAYER REGISTRATION NUMBER (ORGANIZATIONS)

DATE:

I HEREBY CERTIFY THAT THE ORGANIZATION WHOSE NAME AND ADDRESS APPEAR BELOW HAS BEEN ASSIGNED TAXPAYER REGISTRATION NUMBER

REVENUE COMMISSIONER - REVENUE SERVICES
REVENUE BOARD

FORM TRN 5

SERIAL No. 5

REGULATIONS (under section 19)

THE REVENUE ADMINISTRATION (APPEALS AND DISPUTES SETTLEMENT) REGULATIONS, 2002

(Made by the Minister on the 25th day of April, 2002)

L.N. 70/2002

[9th May, 2002.]

- 1. These Regulations may be cited as the Revenue Administration Citation. (Appeals and Disputes Settlement) Regulations, 2002.
 - 2. In these Regulations—

Interpretation.

- "appellant" means a person who appeals against the decision of a Revenue Commissioner made in relation to his assessment to tax or other revenue:
- "Commissioner" means the Commissioner of Taxpayer Appeals;
- "disputant" means a person who disputes the decision of a Revenue Commissioner made in relation to his liability to tax or other revenue:
- "relevant decision" means the decision of a Revenue Commissioner which is the subject of an appeal or dispute;
- "relevant Revenue Commissioner" means the Revenue Commissioner whose decision is the subject of an appeal or dispute.
- 3. An appeal to the Commissioner shall be brought by a Notice of Appeal Commencein writing given within thirty days of the date of receiving the relevant appeal decision.

4. An application to the Commissioner for the settlement of a dispute, shall be originated by Grounds of Dispute given by the disputant within thirty days of the date of the relevant decision.

5. A Notice of Appeal or Grounds of Dispute shall be in writing and shall contents include-

of Notice or

- (a) the name and address and Taxpayer Registration Number (TRN) of the appellant or disputant;
- (b) the grounds of appeal or grounds of dispute (as applicable);
- (c) copies of the documents on which the appellant or disputant relies in support of his appeal or dispute; and
- (d) a copy of the notification of the relevant decision.

Service.

6. The Commissioner shall cause a copy of the Notice of Appeal or Grounds of Dispute to be served on the relevant Revenue Commissioner.

Documents for hearing.

- 7. The relevant Revenue Commissioner shall within twenty-one days of being served with a copy of the relevant Notice of Appeal or Grounds furnish to the Commissioner of Taxpayer Appeals—
 - (a) all files relating to the relevant decision;
 - (b) a written statement of the reasons for the relevant decision.

Conduct of hearing.

8.—(1) The Commissioner —

- (a) shall fix a date, time and place for the hearing and shall give to the appellant or disputant, or relevant Revenue Commissioner, as the case may be, not less than fourteen days notice thereof;
- (b) may hear on oath or otherwise the appellant or disputant, the relevant Revenue Commissioner or any other person;
- (c) shall give to the appellant or disputant and the relevant Revenue Commissioner an opportunity to address him, give evidence, to call witnesses and to put questions to any witness called to give evidence.
- (2) If the Commissioner requires any evidence or further evidence for the investigation of the decision appealed or disputed, he shall give the appellant or disputant or the relevant Revenue Commissioner fourteen days notice in writing specifying what evidence or further evidence is required.

Failure to attend.

9. If the appellant or disputant fails to attend at the time and place fixed for the hearing, the Commissioner may after considering any representations in writing made by the appellant or disputant, dispose of the appeal or dispute in his absence, or adjourn the hearing to a later date.

Attendance.

10. The Commissioner may on his own motion or upon the application of

either party, summon to attend before him for examination on oath or otherwise, any person who he believes is able to give evidence in relation to the decision appealed or disputed.

11. The appellant or disputant may, for the purposes of any appeal or Represendispute settlement, be represented by a person authorized in writing by the appellant or disputant.

12. The decision of the Commissioner shall within thirty days thereof be Decision. communicated in writing to the appellant or disputant and the relevant Revenue Commissioner.