



# St. Kitts and Nevis Inland Revenue Department

Form  
**VAT 001b**

## VAT Application for Registration Supplementary Form

Trade Name

Business Address

Telephone Number

**For Inland Revenue use ONLY**

Location No.

Processed by

Verified by

Trade Name

Business Address

Telephone Number

**For Inland Revenue use ONLY**

Location No.

Processed by

Verified by

Trade Name

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Verified by

### Declaration

I declare that the information given on this application form is, to the best of my knowledge, true, correct and complete, and that I have the authority to make this disclosure of the information provided.

Full Name

Signature and  
date

Title

DD/MM/YYYY