

DATA FORM

Name of Organization:

Address of Organization:

E-mail address:

Business Tel. Nos.:

Nature of Business:

Name of contact person (Officer-in-charge of Tax Matter):

Phone No. of Contact Person:

Name of MD/CEO:

Staff Strength: No. of Local Staff:

No. of Expatriate Staff:

Name, Address and Tel. No. of Tax Consultants (if any):

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Registration No.: DESG (PAYE).....

CAC (if any)

Name and Address of other Directors (Executive & Non-Executive)

1.....

2.....

3.....

4.....

Signature, Date & Rank