DELTA STATE BOARD OF INTERNAL REVENUE

Attach a recent white background passport size photograph her**e**

APPLICATION FOR REGISTRATION & ELECTRONIC TAX CLEARANCE CERTIFICATE
(EMPLOYEE)

REGISTRATION FORM
(*Please fill this form correctly and legibly in block letter*)

1. Title:

2. Surname:

3. First Name: Other Name:

4. Date of Birth: Sex: Male ☐   Female ☐

5. Place of Residence

   House No:

   Street Name:

   Name of Area: Town:

   Local Govt: State:

6. Name of Landlord (Residence)

   Address:

7. Nationality: Phone No:

8. Email Address:

9. Postal Address:

10. Employer's Information

    Name:

    Business Type:

    Address:

Signature: …………………………………………………… **Date:** …………………………………………………