



**GOVERNMENT OF SAINT LUCIA  
INLAND REVENUE DEPARTMENT**

**VALUE ADDED TAX**

**REGISTRATION DETAILS OF THE PARTNERS, JOINT VENTURE PARTNERS AND  
DIRECTORS  
(Please Print)**

Last Name  First Name & Initial   
 Telephone Number  Email Address   
 Taxpayer Number **or** National Insurance Number

Home Address

Last Name  First Name & Initial   
 Telephone Number  Email Address   
 Taxpayer Number **or** National Insurance Number

Home Address

Last Name  First Name & Initial   
 Telephone Number  Email Address   
 Taxpayer Number **or** National Insurance Number

Home Address

Last Name  First Name & Initial   
 Telephone Number  Email Address   
 Taxpayer Number **or** National Insurance Number

Home Address

Last Name  First Name & Initial   
 Telephone Number  Email Address   
 Taxpayer Number **or** National Insurance Number

Home Address

Last Name  First Name & Initial   
 Telephone Number  Email Address   
 Taxpayer Number **or** National Insurance Number

Home Address

Document Number

FOR INLAND REVENUE USE ONLY: