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 Lesotho, Southern Africa

Serving You, Serving the Nation

Re Sebeletsa Uena, Re Sebeletsa Sechaba

## INDIVIDUAL TAXPAYER REGISTRATION FORM

(To be used by all individual taxpayers, except sole traders. Individuals required to register include employees, directors and partners. Sole traders must use Business Taxpayer Registration Form.)

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM.

|   |     |   |      |  |  |  |  |  |  |  |  |  |
|---|-----|---|------|--|--|--|--|--|--|--|--|--|
| If you already have a TIN, enter it here  |     | TIN (Old)   |      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |  |  |  |  |  |  |  |
|   |     | TIN (New)   |      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |  |  |  |  |  |  |  |
| 1. Application type (tick box)  | New | Amendment   |      |  |  |  |  |  |  |  |  |  |
| 2. Title (tick box)   | Mr. | Ms.   | Mrs. | Miss.  |  |  |  |  |  |  |  |  |
| <b>PERSONAL IDENTIFICATION AND RESIDENCY DETAILS</b>  |     |   |      |  |  |  |  |  |  |  |  |  |
| 3a. Surname   |     |   |      |  |  |  |  |  |  |  |  |  |
| 3b. Forenames   |     |   |      |  |  |  |  |  |  |  |  |  |
| 4. Maiden name  |     |   |      |  |  |  |  |  |  |  |  |  |
| 5. Date of Birth  |     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |      |  |  |  |  |  |  |  |  |  |
| 6a. Valid Lesotho passport number (attach certified copy of passport)   |     |   |      |  |  |  |  |  |  |  |  |  |
| 6b. Passport expiry date  |     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |      |  |  |  |  |  |  |  |  |  |
| 6c. Country of issuance   |     |   |      |  |  |  |  |  |  |  |  |  |
| 7a. Foreign identity number (attach certified copy of identity document)  |     |   |      |  |  |  |  |  |  |  |  |  |
| 7b. Country of issuance   |     |   |      |  |  |  |  |  |  |  |  |  |
| 8a. Other form of identification (if no passport or foreign identity number given, specify and attach certified copy of other form of identification) |     |   |      |  |  |  |  |  |  |  |  |  |
| 8c. Expiry date   |     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |      |  |  |  |  |  |  |  |  |  |
| 9. Country of birth   |     |   |      |  |  |  |  |  |  |  |  |  |
| 10. Country of residence  |     |   |      |  |  |  |  |  |  |  |  |  |
| 11. Country or citizenship  |     |   |      |  |  |  |  |  |  |  |  |  |
| <b>CORRESPONDENCE DETAILS</b>   |     |   |      |  |  |  |  |  |  |  |  |  |
| 12a. Postal address (including postal code)   |     |   |      |  |  |  |  |  |  |  |  |  |
| 12b. Physical address   |     | Chief/Street name   |      |  |  |  |  |  |  |  |  |  |
|   |     | Village   |      |  |  |  |  |  |  |  |  |  |
|   |     | Town  |      |  |  |  |  |  |  |  |  |  |
|   |     | District  |      |  |  |  |  |  |  |  |  |  |
| 13a. Home phone number  |     | Code ( )  |      |  |  |  |  |  |  |  |  |  |
| 13b. Office phone number  |     | Code ( )  |      |  |  |  |  |  |  |  |  |  |
| 13c. Cell phone number  |     | Code ( )  |      |  |  |  |  |  |  |  |  |  |

