ISLAMIC REPUBLIC OF AFGHANISTAN
Ministry of Finance
Afghanistan Revenue Department

INDIVIDUAL APPLICATION FORM

The Individual Application Form is used to register (or update) an Individual and any Individual Enterprise this individual may own as its sole proprietor. An Individual taxpayer is a natural person (not a legal entity).
Carefully read the section 1 *Reason for completing form* to fill in the proper forms and appendices.

Instructions:

a) Fill the blank spaces with block letters
b) The dates should be in the DD/MM/YYYY format
c) All fields with an asterisk * are mandatory and have to be completed
d) All application forms must be completed in Dari or Pashto. If you are an English-language taxpayer and you want your TIN Certificate to be printed in English, you need to provide a copy of your application in English.

REASON FOR COMPLETING FORM *

☐	Register an individual as a taxpayer (Complete only this form)	☐	Register an individual enterprise (sole-proprietorship) (Complete this form and appendix A, B and C if applicable)
☐	Modify an existing individual (Complete Section 1 and fill in the modified information)	☐	Modify an existing individual enterprise (Complete Section 1, fill in the changed information in this form as well as in appendix A, B and C if applicable)
☐	Close an individual registration file (Complete Section 1 and fill in the closing information)	☐	Close an individual enterprise (Complete Section 1, fill in the closing information in this form as well as in appendix A, B and C if applicable)

For Modification or Closure please provide the **TIN (Taxpayer Identification Number)**	

Appendices Information

Appendix A should be completed to register the Enterprise owned by an individual
Appendix B should be completed to register Establishments
Appendices C-1, C-2 should be completed to register Employees

SECTION 1 – General Information

General Information

First Name: *		Father's First Name:	
Last Name:		Title: * ☐ Mr. ☐ Mrs. ☐ Ms. ☐ HE Mr.	

Sex: * ☐ Male ☐ Female	Date of Birth: *		Approx: ☐ yes

Place of Birth: *		Province of Birth:	

Nationality:		Occupation: *		Date of Death: *(If Applicable)*	

Home phone No.:		Mobile No.: *		Fax No:	

Work phone No.:		Ext.:	

Email:	

Preferred Language: * ☐ Pashto ☐ Dari ☐ English	Marital Status: * ☐ Single ☐ Married ☐ Divorced

Previous Last Name:		Father's Last Name:	
Family Name:		Grandfather's First Name:	

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SECTION 2- Other identification information

Tazkera No: *		Tazkera Book: *		Tazkera Book Page: *	
Driver's licence No.:					

Register Document Type: * (if Tazkera does not exist or taxpayer is foreigner)	☐ Passport Certificate ☐ Other ☐ Birth	Register Document No:	
Place of Issuance:		Country of Issuance:	

SECTION 3 - Address and Bank Information

Address information

	Home Address		Mailing Address (if different from home physical address)
House No.:		House No.:	
Street:		Street:	
Area/Village: *		Area/Village:	
District: *		District:	
Province: *		Province:	
Country: *		Country:	
P.O. Box:		P.O. Box:	
Resident:	☐ yes ☐ No	Country of Residence: (If Non-Resident)	

Bank Information (All fields to be completed – if Bank Account Number provided)

Account No	Bank Name	Address (Bank Branch)	District	Province

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SECTION 4 - Fiscal Year *(if different from calendar year)*

Start date (DD/MM) *	End date (DD/MM) *	Fiscal (years) *		Fiscal (years)		Transition year
		From:		To:		☐
		From:		To:		☐
		From:		To:		☐

SECTION 5 - Representative information/ Taxpayer Comment

Representative TIN *(if available):*	
Representative Name:	

Type of Representation:	☐ Accountant ☐ Brokers/Commission ☐ Lawyer ☐ Proxy ☐Other
Reason:	☐ Deceased ☐ Insolvent ☐ Legally Disabled ☐ Minor ☐ Non-Resident ☐ Security Problem ☐Other
Send Correspondence to Representative:	☐ Yes ☐ No

Taxpayer General Comment:	

SECTION 6 - Activity and Business Information

Activity Information (See attached list for Individual Situation)

Individual Situation *	Start Date *	End Date *(If applicable)*	Main Activity * *(check box if main activity)*
			☐
			☐
			☐
			☐
			☐

Importer:	☐	Exporter:	☐	

Total Annual Business Turnover *(If Known)*	Year Achieved	Business Size: *(See attached list for description)*	☐ Large ☐ Medium ☐ Small

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Certification

I certify that the information given above and in the attached appendices is true, accurate and complete to the best of my knowledge. I also understand that any false declaration may lead to prosecution.

Name:	
Representative Name *(if form is completed by the representative)*	

Phone No.:		**Date:**	

Signature:	

For Official Use Only

	Name	Signature	Date
Received by:			
Captured by:			
Validated by:			

TIN:		**Tax Centre:**	

Sensitive:	☐ yes ☐ No	**Case Management Group:**	