

VAT TRAINING REGISTRATION FORM

dd/mm/yyyy

A. Personal Information

DOB: ___/___/___

1. Name: _____ Male Female
2. Address: _____
3. Contact No.: Land _____ Cell _____ Fax _____
4. Email: _____
5. Position: Business Owner Staff

B. Business Information

SECTOR (to be filled by SEDU) _____

SUB-SECTOR (to be filled by SEDU) _____

1. Name of Business: _____
2. Type of Business: _____
3. Ownership Structure: Sole Proprietorship Partnership
 Incorporated Other (Specify) _____
4. Business Registration No: _____ Date: _____
5. Business Address: _____

6. Annual Taxable Revenue: Under \$180,000 Equal to or Over \$180,000
7. Business Records kept: Yes No
8. Type of Record keeping System: Manual Computerized
If *computerized*, go to *Question 10*.
9. If using a manual system, do you have a computer: Yes No
10. If using a computerized system, type of software used:
 Peachtree Accounting Software Quick Books Excel
 Other (Specify) _____

C. Registration Status

1. Registered with **NIC**: Yes No

If **YES**, please indicate the *NIC Registration No*: _____

2. Registered with **Inland Revenue Department**: Yes No

If **YES**, please indicate the *Tax Account No*: _____

3. Registered with **VAT Office**: Yes No

If **YES**, please indicate the *VAT Registration No*: _____

D. Training Schedule

Each participant will receive a total of five (5) hours of training to be completed either on a **Monday & Tuesday** block or a **Wednesday & Thursday**. Please select the training schedule that is most convenient for you. (*Choose only one option – one location and one training block.*)

LOCATION	TRAINING VENUE	TRAINING DAYS	
		Monday & Tuesday	Wednesday & Thursday
<input type="checkbox"/> Gros Islet	Gros Islet Secondary School	<input type="checkbox"/> 5:30 pm – 8:00 pm	<input type="checkbox"/> 5:30 pm – 8:00 pm
<input type="checkbox"/> Castries	National ICT Centre (Next to Central Library)	<input type="checkbox"/> 9:00 am – 11:30 am	<input type="checkbox"/> 9:00 am – 11:30 am
<input type="checkbox"/> Castries	National ICT Centre (Next to Central Library)	<input type="checkbox"/> 1:00 pm – 3:30 pm	<input type="checkbox"/> 1:00 pm – 3:30 pm
<input type="checkbox"/> Castries	GAMA Learning Institute (L'Anse Rd.)	<input type="checkbox"/> 5:30 pm – 8:00 pm	<input type="checkbox"/> 5:30 pm – 8:00 pm
<input type="checkbox"/> Dennery	Clendon Mason Secondary School	<input type="checkbox"/> 5:30 pm – 8:00 pm	<input type="checkbox"/> 5:30 pm – 8:00 pm
<input type="checkbox"/> Vieux Fort	Vieux Fort Comprehensive Secondary School (Campus B)	<input type="checkbox"/> 5:00 pm – 7:30 pm	<input type="checkbox"/> 5:00 pm – 7:30 pm
<input type="checkbox"/> Soufriere	Soufriere Comprehensive Secondary School	<input type="checkbox"/> 3:30 pm – 6:00 pm	<input type="checkbox"/> 3:30 pm – 6:00 pm

E. Other

1. Have you dealt with SEDU before? Yes No

2. How did you learn about SEDU? _____

F. I _____ understand that the information provided above may be shared with the NIC or Inland Revenue Department upon request and am duly authorized to provide such information, and that the information is true and correct to the best of my knowledge.

Signature _____

Date _____