

FORM 1
STATE SALES TAX REGULATIONS 1999
APPLICATION FOR A LICENCE AS A TAXABLE PERSON
(Regulation 4(1))

PLEASE TYPE OR USE BLOCK LETTERS ONLY

PART A: BUSINESS PARTICULARS

1) COMPANY/BUSINESS NAME

2) REGISTERED ADDRESS OF BUSINESS

(For partnership, please also fill item 10 overleaf)

3) TELEPHONE AND FAX NUMBER

TEL. NO:

FAX NO.:

4) DATE AND REFERENCE NO. OF COMPANY/BUSINESS REGISTRATION NUMBER

DATE:
DAY/MONTH/YEAR

REGISTRATION NO.

5) DATE/EXPECTED DATE OF COMMENCEMENT OF BUSINESS

DATE
DAY/MONTH/YEAR

6) COMPANY'S ANNUAL ACCOUNTING PERIOD ENDS ON THE

DATE
DAY/MONTH

PART B: BUSINESS DETAILS

7) DESCRIBE YOUR MAIN BUSINESS ACTIVITY IN FULL

8) DESCRIPTION OF TAXABLE GOODS:

NO.	TYPES OF TAXABLE GOODS	CLASSIFICATION/ CUSTOMS HS CODE/TARIFF	ESTIMATE ANNUAL TURNOVER (RM)	ESTIMATE ANNUAL STATE SALES TAX TURNOVER (RM)

(If space is insufficient, use separate sheet)

9) FULL ADDRESS OF BUSINESS IN SABAH (FOR PURPOSE OF STATE SALES TAX)

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10) FOR PARTNERSHIP BUSINESS

NO.	NAMES OF PARTNERS	PERSONAL ADDRESS	IDENTITY CARD/ PASSPORT NO.	NATIONALITY	SIGNATURE

11) WHERE BUSINESS IS UNDERTAKEN BY AGENTS OR THROUGH BRANCHES, STATE NAMES DAN ADDRESSES OF AGENTS AND BRANCHES

A) NAME OF AGENT	ADDRESS
B) NAME OF BRANCHES	ADDRESS

(IF SPACE ALLOCATED IS INSUFFICIENT ATTACH SEPARATE SHEET)

PART C: APPLICANT DECLARATION (In accordance to Regulation 4(3), State Sales Tax Regulations 1999)

12) I, HEREBY DECLARE THAT ALL THE DETAILS AND INFORMATION GIVEN IN THIS FORM AND ANY ACCOMPANYING DOCUMENTS ARE TRUE AND COMPLETE

DATE

		/			/				
DAY			MONTH			YEAR			

_____ SIGNATURE

13) NAME OF APPLICANT

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14) IDENTITY CARD/PASSPORT NO.

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15) DESIGNATION

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PART D: FOR OFFICIAL USE

DATE AND TIME OF RECEIPT

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REFERENCE NUMBER

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COMMENTS:

APPLICATION: APPROVED (Indicate (/) where relevant)

 NOT APPROVED

DATE

		/			/				
DAY			MONTH			YEAR			

_____ FOR DIRECTOR