

(Read instructions before completing the form)
 (Please use capital letters only and do not use abbreviations)
 (Use separate sheet if space is not sufficient)

DDB 001

Fill form in triplicate

**UGANDA REVENUE AUTHORITY
 APPLICATION FOR DDB REGISTRATION**
 (Section 22 Finance Act No. 1 of 1999)

01	TIN				
02	VAT. No				

NAME OF BUSINESS TO BE REGISTERED

03					

TRADING NAME (If different from 03)

04					
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PHYSICAL ADDRESS OF BUSINESS

05					
	Plot	Street	Town	Building Name	Floor No.
			Next to	Opposite of	Village

Email address:.....

Telephone Number:.....

Fax Number:.....

06	TYPE OF BUSINESS ("X" Where Applicable)	MAIN BUSINESS ACTIVITY								
	<table border="1"> <tr><td><input type="checkbox"/></td><td>Limited Company</td></tr> <tr><td><input type="checkbox"/></td><td>Partnership</td></tr> <tr><td><input type="checkbox"/></td><td>Sole Proprietorship</td></tr> <tr><td><input type="checkbox"/></td><td>Other Specify</td></tr> </table>	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Other Specify	07
<input type="checkbox"/>	Limited Company									
<input type="checkbox"/>	Partnership									
<input type="checkbox"/>	Sole Proprietorship									
<input type="checkbox"/>	Other Specify									

08	Directors	Contact Address	Signatures
	1.....	.....	.....
	2.....	.....	.....
	3.....	.....	.....
	4.....	.....	.....
	5.....	.....	.....

09	<p>Declaration</p> <p>I..... (Sole Trader/Partner/Director/Secretary or other authorised person) hereby declare that the particulars given herein are correct and I apply for registration to claim DDB. I/We undertake to notify you as to any change, which might occur in the above particulars immediately on such change.</p> <p>.....</p> <p>Signature of Taxpayer or Authorised Officer</p>
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Date of Application	Date	Month	Year

FOR OFFICIAL USE

RECEIVED BY.....
 NAME AND RANK OF OFFICER(block Capital) Signature & Stamp

REPORT OF INSPECTION

CHECKED BY.....
 NAME AND RANK OFFICER (block Capital) Signature & Stamp

AUTHORISED BY.....
 NAME AND RANK OF OFFICER (block Capital) Signature & Stamp

09	
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DDD Activity Code

10	
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DDD Activity Code

Effective Date of Registration
DDD Registration
Registration Refused

	Date	Month	Year
11			
12			
13			

- ORIGINAL** : DDD processing Unit.
- DUPLICATE** : DDD FDR Estimation Unit.
- TRIPPLICATE** : Taxpayer.

INSTRUCTIONS

- Field 01: Provide your TIN
- Field 02: Provide your VAT Number
- Field 03: Print your Business Name to be registered
- Field 04: Print your trading name
- Field 05: Provide the physical address of the business
- Field 06: Mark the type of business you are engaged in with an "x"
- Field 07: Describe your main business activities and if necessary provide a separate sheet.
- Field 08: Provide information for the Directors of the Business
- Field 09: Please write your full names, sign and date the application.
- Field 10: Field from 10 - 12 is for official use.