

**APPLICATION FOR BIR NUMBER  
BOARD OF INLAND REVENUE**

FORM IA—001

*Please Type or Print*

**SECTION A—For Individual Applicants**

1	Applicant's Name (Surname)																																			
	B   E   N   G   S   C   H																																			
2	First Name																Middle Name																			
	G   E   R   A   L   D   I   N   E																																			
3	Date of Birth/dd/mm/yyyy											4	Occupation											5	Sex											
	1   9   1   0   1   9   8   1												L   E   C   T   U   R   E   R												<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female											
6	Mother's Maiden Name																7.	Pin Number																		
	K   I   R   S   C   H																																			
8	Residential Address																																			
	#	1   1	C   A   R   M   O   D   Y	R   D																																
	S   T	A   U   G   U   S   T	I   N   E																																	
9	Mailing Address (if different from above)																																			
10	Telephone (Home)											(Workplace)											(Cell)													
																					3   6   1   -   1   1   8   4															
11	E-mail Address																																			
	G   E   R   A   L   D   I   N   E   .	B   E   N   G   S   C   H	@	G   M   A   I   L   .	C   O   M																															
12	Identification Document (Please attach copy [both sides] of any one of the mentioned Identification Documents to this form)																																			
	National ID Number:										Driver's Permit Number										Passport Number										C1YN 55TYK					
13	If Self-Employed, state your Business Name:																																			
14	If Self-Employed, state your Business Address:																																			
15	If Self-Employed, state the Nature of your Business:																				Date Business Started: dd/mm/yyyy															
16	If Self-Employed, do you have any employees?										17 If Yes, state the number of persons you employ:																									
	<input type="checkbox"/> Yes <input type="checkbox"/> No																																			
18	Do you make or intend to make commercial supplies over \$500,000? If yes please complete lines 39 to 41 at Section B																																			
	<input type="checkbox"/> Yes <input type="checkbox"/> No																																			
19	Applicant's Signature													20 Date: ( dd/mm/yyyy)																						
														1   2   0   8   2   0   2   4																						

**Do not write in the spaces below**

BIR No.

Account Number	Tax Type