



# ONDO STATE INTERNAL REVENUE SERVICE



## REGISTRATION FORM

Form HCT 1

### PART A: TO BE COMPLETED BY OWNER/MANAGER OF BUSINESS

#### 1. Business Contact Details

- (a) Name of Business:.....
- (b) Address:.....  
.....
- (c) Tel. No: (1).....(2).....
- (d) Mobile No:.....
- (e) E-mail address:.....
- (f) Website:.....

#### 2. Incorporation/ Registration Number:.....

- (a) Date of Incorporation/Registration:.....
- (b) Date of Commencement of Business:.....

#### 3 (a) Nature of Business: (Tick as appropriate):

- HOTEL
- RESTAURANT
- EVENTS CENTRE
- OTHERS

- (b) Number of Offices/Outlets:.....

**FOR FURTHER ENQUIRIES, PLEASE CONTACT**

[www.odirs.ng](http://www.odirs.ng)

[contactus@odirs.ng](mailto:contactus@odirs.ng), [info@odirs.ng](mailto:info@odirs.ng)

0818-839-7000 :: 0902-847-7000 :: 0810-486-4804 (whatsapp)

[www.instagram.com/ODIRS](https://www.instagram.com/ODIRS)

[www.facebook.com/ONDO IRS](https://www.facebook.com/ONDO IRS)

[@ODIRS\\_NG](https://www.twitter.com/@ODIRS_NG)

**\*4. Ownership:** (a) Name:.....  
 (b) Address:.....  
 (c) Tel. Nos:..... (d) Mobile No:.....  
 (e) E-mail address:.....

#### 5. Contact Details (Managing Director)

(a) Name:.....  
 (b) Address:.....  
 (c) Tel. Nos:..... (d) Mobile No:.....  
 (e) E-mail address:.....

#### Contact Details (General Manager)

(a) Name:.....  
 (b) Address:.....  
 (c) Tel. Nos:..... (d) Mobile No:.....  
 (e) E-mail address:.....

#### Contact Details (Financial Controller or Accountant)

(a) Name:.....  
 (b) Address:.....  
 (c) Tel. Nos:..... (d) Mobile No:.....  
 (e) E-mail address:.....

#### 6. ANNUAL SALES TURNOVER (LAST THREE YEARS)

YEAR 2017

YEAR 2018

YEAR 2019

N..... N..... N.....

**\*Please Note:** Section 122(2) states that "Any Director, Manager, Officer, Agent or Employee of the collecting Agent who fails to comply with the provisions of this law, shall be guilty of an offense and be liable on conviction to a penalty of six (6) months imprisonment or a fine of Two Million Naira (N2,000,000.00).

**FOR FURTHER ENQUIRIES, PLEASE CONTACT**



# ONDO STATE INTERNAL REVENUE SERVICE



HOTEL OCCUPANCY,  
EVENTS CENTRE & RESTURANT  
CONSUMPTION TAX  
ONDO STATE REVENUE  
ADMINISTRATIVE LAW 2018

## CERTIFICATION

### PART B:

I ..... hereby certify that the information given above is correct in all respects and confirm that to the very best of my knowledge, there are no other facts, the omission of which would be misleading.

.....  
Authorized Signatory and Stamp of Business

.....  
Authorized Signatory and Stamp of Business

.....  
Full Name and Designation of Signatory

.....  
Full Name and Designation of Signatory

.....  
DATE

.....  
DATE

### DOCUMENTS REQUIRED TO SUPPORT REGISTRATION OF BUSINESSES AS COLLECTING AGENTS

**Copy of Certificate of Incorporation/Business Registration Certificate**

**Completed form should be returned to the office of the Executive Chairman,  
Ondo State Internal Revenue Service (ODIRS) at the address below.**

**Revenue House, Igbatoro Road, Alagbaka, Akure, Ondo State.**

**FOR FURTHER ENQUIRIES, PLEASE CONTACT**

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