



**GOVERNMENT OF SAINT LUCIA
INLAND REVENUE DEPARTMENT**

VALUE ADDED TAX

**REGISTRATION DETAILS OF THE PARTNERS, JOINT VENTURE PARTNERS AND
DIRECTORS
(Please Print)**

Last Name First Name & Initial
 Telephone Number Email Address
 Taxpayer Number **or** National Insurance Number

Home Address

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 Telephone Number Email Address
 Taxpayer Number **or** National Insurance Number

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Document Number

FOR INLAND REVENUE USE ONLY: