

## SMALL BUSINESS SECTOR VAT PREPAREDNESS PROJECT BENEFICIARY RECEIPT

**Benefit:**                      ☐ **Software**                      ☐ **Technical Assistance**

**A. Personal Information**

**National ID #:** \_\_\_\_\_

1. Name: \_\_\_\_\_ ☐ Male ☐ Female
2. Address: \_\_\_\_\_
3. Contact No.: Land \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Position:                      ☐ Business Owner                      ☐ Staff

**B. Business Information**

1. Name of Business: \_\_\_\_\_
2. Business Name Registration No: \_\_\_\_\_ Date: \_\_\_\_\_
3. NIC#: \_\_\_\_\_ TAN: \_\_\_\_\_ VAT Registration #: \_\_\_\_\_
4. Business Address: \_\_\_\_\_  
\_\_\_\_\_
5. Did you participate in the VAT Training Programme?                      ☐ Yes                      ☐ No
6. If **Yes to Question 5** above, indicate Venue: \_\_\_\_\_ Date: \_\_\_\_\_

**C.** I \_\_\_\_\_ am authorized to receive software / Technical Assistance on behalf of \_\_\_\_\_ (Section B) under the Small Business Sector VAT Preparedness Project, and I understand that the information provided above may be shared with the NIC or Inland Revenue Department upon request and I am duly authorized to provide such information, and that the information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_