

BORANG PENDAFTARAN NOMBOR CUKAI PENDAPATAN INDIVIDU
INCOME TAX NUMBER REGISTRATION FORM FOR INDIVIDUAL

BAHAGIAN A : / PART A :		MAKLUMAT ASAS / BASIC PARTICULARS			
A1	Nama / Name				
A2	No. kad pengenalan / Identification card no.				
A3	No. pasport / Passport no.				
A4	Jantina / Gender	1 = Lelaki / Male 2 = Perempuan / Female			
A5	Status / Status	1 = Bujang / Single 3 = Janda / Duda / Divorcee / Widow / Widower 2 = Kahwin / Married 4 = Mati / Deceased			
A6	Jika A1 adalah orang tidak berupaya *, isi ruang ini dan Bahagian F / If A1 is an incapacitated person *, complete this item and Part F			1 = Bawah umur 18 tahun / Under the age of 18 years 2 = Tidak sempurna akal / Unsound mind	
A7	Tarikh lahir / Date of birth				(hh/bb/tttt) / (dd/mm/yyyy)
A8	Tarikh kahwin / cerai / Date of marriage / divorce / demise				(hh/bb/tttt) / (dd/mm/yyyy)
A9	Tarikh mati / Date of demise				(hh/bb/tttt) / (dd/mm/yyyy)
A10	Warganegara / Citizen				
A11	Negara mastautin / Country of residence				
A12	Alamat surat-menyurat / Correspondence address				
	Poskod / Postcode		Bandar / Town		
	Negeri / State				
A13	Alamat kediaman / Residential address				
	Poskod / Postcode		Bandar / Town		
	Negeri / State				
A14	No. telefon / Telephone no.				
A15	e-Mel / e-Mail				

BAHAGIAN B : / PART B :		MAKLUMAT PEKERJAAN / PARTICULARS OF EMPLOYMENT			
B1	Pekerjaan / Employment				
B2	Tarikh mula bekerja / Commencement date of employment				(hh/bb/tttt) / (dd/mm/yyyy)
B3	No. staf / No. gaji Staff no. / Payroll no.				
B4	Nama majikan / Employer's name				
B5	No. majikan / Employer's no. E				
B6	Alamat majikan / Employer's address				
	Poskod / Postcode		Bandar / Town		
	Negeri / State				
B7	No. telefon majikan / Employer's telephone no.				

BAHAGIAN C : / PART C :		MAKLUMAT PERNIAGAAN / PARTICULARS OF BUSINESS			
C1	Nama perniagaan / Name of business				
C2	No. pendaftaran perniagaan / Business registration no.				

C3	Tarikh mula beroperasi / Commencement date of operations								(hh/bb/tttt) / (dd/mm/yyyy)
C4a	Jenis perniagaan utama / Type of main business								
C4b	Kod perniagaan utama / Main business code								
C5	Alamat premis perniagaan Address of business premise (Gunakan alamat SELAIN alamat peti surat atau karung berkunci / Use address OTHER THAN P.O. Box or locked bag address)								
	Poskod / Postcode				Bandar / Town				
	Negeri / State								

BAHAGIAN D : / PART D :		MAKLUMAT PASANGAN / PARTICULARS OF HUSBAND / WIFE							
D1	Nama / Name								
D2	No. kad pengenalan / Identification card no.								
D3	No. pasport / Passport no.								
D4	Tarikh kahwin / Date of marriage								(hh/bb/tttt) / (dd/mm/yyyy)
D5	No. cukai pendapatan / Income tax no.								

BAHAGIAN E : / PART E :		PENDAFTARAN FAIL MAJIKAN / REGISTRATION OF EMPLOYER'S FILE [Lengkap bahagian ini jika Bahagian C diisi / Complete this part if Part C is filled]							
E1	Status majikan / Employer's status			1 = Kerajaan / Government 3 = Pihak berkuasa tempatan / Local authority		2 = Berkanun / Statutory 4 = Swasta – Syarikat / Private sector – Company		5 = Swasta – Selain syarikat / Private sector – Other than company	
E2	Bilangan pekerja / Number of employees								

BAHAGIAN F : / PART F :		MAKLUMAT WAKIL SAH (IBU / BAPA / PENJAGA) / PARTICULARS OF LEGAL REPRESENTATIVE (MOTHER / FATHER / GUARDIAN) [Lengkapkan bahagian ini jika A6 diisi / Complete this part if A6 is filled]							
F1	Nama / Name								
F2	No. kad pengenalan / Identification card no.								
F3	No. pasport / Passport no.								
F4	Hubungan / Relationship	1 = Ibu / Mother 2 = Bapa / Father 3 = Penjaga / Guardian							
F5	Alamat surat-menyurat / Correspondence address								
	Poskod / Postcode				Bandar / Town				
	Negeri / State								
F6	No. telefon / Telephone no.								
F7	e-Mel / e-Mail								

BAHAGIAN G : / PART G :		MAKLUMAT PENTADBIR HARTA PUSAKA ATAU WAKIL SAH SIMATI PARTICULARS OF ADMINISTRATOR OF THE ESTATE OR LEGAL REPRESENTATIVE OF THE DECEASED PERSON [Lengkapkan bahagian ini jika A5 = 4 / Complete this part if A5 = 4]							
G1	Nama / Name								
G2	No. kad pengenalan / Identification card no.								
G3	No. pasport / Passport no.								
G5	Alamat surat-menyurat / Correspondence address								
	Poskod / Postcode				Bandar / Town				
	Negeri / State								
G6	No. telefon / Telephone no.								
G7	e-Mel / e-Mail								

BAHAGIAN H : / PART H :		MAKLUMAT EJEN CUKAI / PARTICULARS OF TAX AGENT			
H1	Nama / Name				
H2	Alamat firma / Address of firm				
		Poskod / Postcode		Bandar / Town	
	Negeri / State				
H3	No. kelulusan ejen cukai / Tax agent's approval no.				
H4	No. telefon / Telephone no.				
H5	e-Mel / e-Mail				

**AKUAN PEMOHON / WAKIL SAH / PENTADBIR / EJEN CUKAI /
DECLARATION BY APPLICANT / LEGAL REPRESENTATIVE / ADMINISTRATOR / TAX AGENT**

Saya / I

No. kad pengenalan / pasport ** / Identification card / passport no. **
(** Potong yang tidak berkenaan / ** Delete whichever is not relevant)

dengan ini mengakui bahawa maklumat yang diberikan di dalam borang ini adalah benar, betul dan lengkap.
hereby declare that the information given in this form is true, correct and complete.

Tandatangan /
Signature

Tarikh / Date

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(hh/bb/tttt) / (dd/mm/yyyy)

SILA KEMUKAKAN : / PLEASE SUBMIT : Salinan MyKad / MyPR atau pasport /
Copy of MyKad / MyPR or passport

*** NOTA : / * NOTE :**

Orang tidak berputaya ditafsirkan sebagai seorang yang di bawah umur 18 tahun atau seorang yang diputuskan di bawah mana-mana undang-undang sebagai berada dalam keadaan tidak kesempurnaan akal /
An **incapacitated person** is defined as a person under the age of 18 years or a person adjudged under any law to be in a state of unsoundness of mind

UNTUK KEGUNAAN PEJABAT	
Honorifik	
Gelaran	
No. cukai pendapatan	
No. majikan	E