



Edo State Government

**BOARD OF INTERNAL REVENUE
EDO STATE**

CT01

REGISTRATION FORM

HOTEL AND EVENT CENTRE OCCUPANCY AND RESTAURANT CONSUMPTION LAW OF EDO STATE

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

1. Business Contact Details

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

2. Incorporation/Registration Number:

- a) Date of Incorporation Number:
- b) Date of Commencement of Business :.....

3. Nature of Business: (tick as appropriate):

HOTEL

☐

RESTAURANT

☐

EVENT CENTRE

☐

OTHERS

☐

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

4. Ownership

- a) Name:.....
- b) Address:.....

c) Tel. No:(d) Mobile No:.....

e) E-mail Address:.....

5. *Contact Details (Managing Director)

a) Name:.....

b) Address:.....

c) Tel. No:(d) Mobile No:.....

e) E-mail Address:.....

***Contact Details (Financial Controller)**

a) Name:.....

b) Address:.....

c) Tel. No:(d) Mobile No:.....

e) E-mail Address:.....

***Contact Details (Accountant/Other)**

a) Name:.....

b) Address:.....

c) Tel. No:(d) Mobile No:.....

e) E-mail Address:.....

6. Annual Sales Turnover (Last Three Years)

YEAR YEAR YEAR

N N N

7. Room Capacity:

a) Hotel/Guest House room Capacity:.....

b) No. of Reception Halls:.....

8. No. and Category of Staff:

I. Expatriates:.....

- II. Management Staff:.....
- III. Supervisory Staff:.....
- IV. Junior Staff:.....
- V. Contract Staff:.....

Please Note: Section 14 of the Law states that: "Any Director, Manager, Officer, Agent or Employee of the collecting Agent who fails to comply with the provisions of the Law, shall be guilty of an offence and liable on conviction to penalty of six (6) months imprisonment or a fine of Two Million Naira (N 2,000,000.00) or both depending on the size of the business."

CERTIFICATION

PART B:

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

.....
 Authorised Signature and Stamp of Business

.....
 Authorised Signature and Stamp of Business

.....
 Full Name and Designation of Signatory

.....
 Full Name and Designation of Signatory

.....
 DATE

.....
 DATE

DOCUMENTS REQUIRED TO SUPPORT REGISTRATION OF BUSINESS AGENTS

1. Copy of Certificate of Incorporation/Business Certificate

*Completed form should be returned to the office of the Executive Chairman, Edo State Board of Internal Revenue at No. 80, New Lagos Road, Benin City, within 14 days from the date of receipt of this form.