

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

ESA-001/S

E-SERVICES AUTHORISATION



Comptroller
Inland Revenue Department
P.O. Box 34, Bay Road
Basseterre, St. Kitts

This is to inform you that I _____ presently the owner
or director of _____
hereby authorise the person identified below, to register this business entity with all the associated rights
and privileges. I understand that the person will have access to all of the entity records retained at the
Inland Revenue Department, and will be able to add, modify or remove the entities filings and can make
payments on the entity's behalf. I understand that the Department may send information or notices to the
e-mail address listed on the E-SERVICES APPLICATION.

AUTHORISED PERSON

NAME: _____

POSITION: _____

SIGNATURE OF PERSON AUTHORISED

AFFIX BUSINESS SEAL OR STAMP

SECTION 3 - DECLARATION

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. Be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to a fine of thirty-thousand (\$ 30,000.00) dollars or imprisonment for a term of seven (7) years.

SIGNATORY
FULL NAME: _____

SIGNATURE OF AUTHORISING AGENT

DAY / MONTH / YEAR