



**:Nyan-ko-pong: Xaymaca/ Atlantis/ The Americas Sovereign  
Global Tribal Nation Territories Maroon Government**

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# Sovereign Native Maroon Business Registration Form

<b>SECTION A – Business/Company Information (General information for the Companies or Business, this section is mandatory.)</b>			
<b>1a. Type of Registration/Incorporation</b> <input type="checkbox"/> Company <input type="checkbox"/> Business Name  <b>1b. Type of Organization</b> <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other	<b>2a. Commencement Date</b> (Business Name) OR Projected Start Date (Companies) <input type="text"/> <b>2b. If Company, Indicate classification</b> <input type="checkbox"/> Private		
<b>3a. Name of Business/Company (Primary)</b> <input style="width: 100%;" type="text"/>	<b>4a. If Business Name, provide any other Name</b> <input style="width: 100%;" type="text"/>		
<b>3b. Justification of Primary Name (where applicable)</b> <input style="width: 100%;" type="text"/>	<b>4b. Justification of Other Name (where applicable)</b> <input style="width: 100%;" type="text"/>		
<b>5a. If Business Name, indicate Type</b>  <input type="checkbox"/> Sole Proprietor - Individual <input type="checkbox"/> Sole Proprietor - Company <input type="checkbox"/> Partnership	<b>5b. State the number of branches and complete a</b> <input type="text"/> <b>Schedule 4 for each Branch (Both Company &amp; Business Name)</b> <input style="width: 100%;" type="text"/>		
<b>6a. Business Names/ Company Registered Address</b>  <input type="checkbox"/> Same as Actual Business Location <input type="checkbox"/> Same as Mailing Address  Location <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> Town/District <input style="width: 100%;" type="text"/> Post Office <input style="width: 50%;" type="text"/> P.O. Box <input style="width: 50%;" type="text"/> Parish <input style="width: 50%;" type="text"/> Postal Code <input style="width: 50%;" type="text"/> Country <input style="width: 100%;" type="text"/>	<b>6b. Actual Business Location (if different from number)</b>  Location <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> Town/District <input style="width: 100%;" type="text"/> Post Office <input style="width: 50%;" type="text"/> P.O. Box <input style="width: 50%;" type="text"/> Parish <input style="width: 50%;" type="text"/> Postal Code <input style="width: 50%;" type="text"/> Country <input style="width: 100%;" type="text"/>		
<b>6c. Location of</b> <input type="checkbox"/> Office Records <input type="checkbox"/> Registered Address <input type="checkbox"/> Actual Business Location <input type="checkbox"/> Mailing Address			
<b>7a. Tel</b> <input style="width: 100%;" type="text"/> <b>7b. Cell</b> <input style="width: 100%;" type="text"/> <b>7c. Fax</b> <input style="width: 100%;" type="text"/> <b>7d. Email-Address</b> <input style="width: 100%;" type="text"/> <b>Nature of Business Name/Core Business of Company</b> <input style="width: 100%;" type="text"/>			
<b>8a. Primary Nature</b> {For Official Use Only} <input style="width: 100%;" type="text"/>	<b>8b. Secondary Nature</b> {For Official Use Only} <input style="width: 100%;" type="text"/>		
<b>8c. If Business Name, provide nature phrase</b> <input style="width: 100%;" type="text"/>			
<b>9a. Number of Employees</b> <input style="width: 50%;" type="text"/>		<b>9b. Expecting Payroll Greater Than \$15,555 per month?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9c. Will there be a single annual return (SO2) for all branches?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    {Only applicable if branches are included at 5b above}			
<b>10. If Business Name, complete the following where applicable</b>			
<b>10a. Date First Employee Commenced Employment</b> <input style="width: 50%;" type="text"/>		<b>10b. Date Accounting Year Begins</b> <input style="width: 50%;" type="text"/>	
<b>10c. Name of Auditing Firm/Accountant</b> <input style="width: 100%;" type="text"/>			
<b>11. Number of Directors/Proprietors</b> <input style="width: 100%;" type="text"/>			