



GOVERNMENT OF ANTIGUA AND BARBUDA

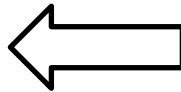
Event Certificate Request

The Commissioner
Inland Revenue Department
Woods Center
Friar's Hill Road
St. John's
Antigua

Dear Sir,

Ref: Tax ID# _____

I hereby make an application for an Event Certificate to be issued to:



Place here the name and full address of the person or entity having the event.

Name of Event: _____

Date of Event: ____/____/____ (DD/MM/YYYY) No. of ticket gates anticipated _____

Type of Ticket: All-inclusive/Drink-inclusive Non-inclusive

No. of tickets printed and submitted to IRD _____

Admission type: Ticketing App Paper Ticket (Tickets will be stamped by IRD)

(Please tick all that apply)

Paid admission **IRD Officer Assigned** _____

(For Inland Revenue Use Only)

Date: _____

Signed by: _____

Contact# (mobile): _____

Approved by: _____ (IRD Use Only)