

Individual Company/Trust/
Partnership/ Other Entities

Please refer to the Supporting Document list available on the SARS website (www.sars.gov.za)

Applicant Details – Individual

Nature Of Entity: Individual Partnership / Body of persons Company / CC / Shareblock Public authority / Municipality Association not for gain Estate / Liquidation Club Welfare organisation Trust Fund Foreign electronic service entity

Surname: [Grid]

First Name: [Grid]

Other Name: [Grid]

Initials: [Grid] Date of Birth (CCYYMMDD): [Grid] ID No.: [Grid]

Passport/ Permit No.: [Grid] Passport Country / Country of Origin (e.g. South Africa = ZAF): [Grid] Passport / Permit Issue Date (CCYYMMDD): [Grid]

Trading Name: [Grid]

Applicant Details - Company / Trust / Partnership and Other Entities

Nature Of Entity: Individual Partnership / Body of persons Company / CC / Shareblock Public authority / Municipality Association not for gain Estate / Liquidation Club Welfare organisation Trust Fund Foreign electronic service entity

Company / CC / Trust Reg No.: [Grid] Main Industry Classification Code: [Grid] Registration Date (CCYYMMDD): [Grid] Financial Year End (MM): [Grid]

Registered Name: [Grid] Country of Registration (e.g. South Africa = ZAF): [Grid] Master's Office of Trust Registration: [Grid]

Trading Name: [Grid]

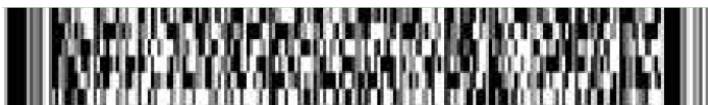
Applicant Info

Preferred Language: [Grid]

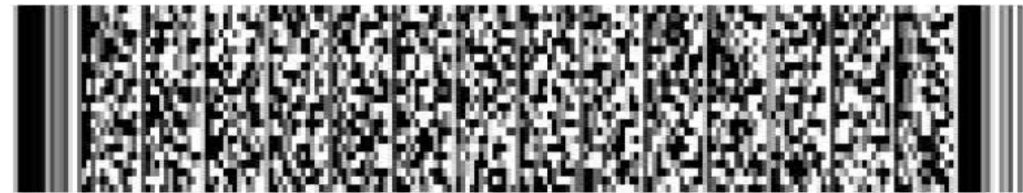
Not Married Married in Community of Property Married out of Community of Property Are you a foreign diplomatic or consular mission? Y N Are all of the partners in this partnership natural persons? Y N Are you a asylum seeker with a valid permit? Y N

Are you a Share Block? Y N Are you a Body Corporate? Y N

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Y XXXX



Contact Details

Home Tel No.	<input type="text"/>	Fax No.	<input type="text"/>
Cell No.	<input type="text"/>	Bus Tel No.	<input type="text"/>
Mark here with an X if you declare that you do not have a Cell No.	<input type="checkbox"/>	Mark here with an X if you declare that you do not have an Email address	<input type="checkbox"/>
Email	<input type="text"/>		
Web Address	<input type="text"/>		

Physical Address Details

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>	Country Code	<input type="text"/>
Postal Code	<input type="text"/>	Registered Physical Address	<input type="checkbox"/>

Postal Address Details

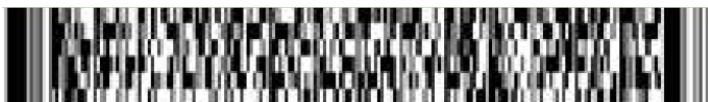
Complete this part if postal address is a Postal Box

Mark here with an "X" if same as above or complete your Postal Address	<input type="checkbox"/>	Is your Postal Address a Street Address?	Y <input type="checkbox"/> N <input type="checkbox"/>	Mark here with an "X" if this is a Care Of address	<input type="checkbox"/>	
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)	<input type="text"/>					
PO Box	<input type="checkbox"/>	Private Bag	<input type="checkbox"/>	Other PO Special Service (specify)	<input type="text"/>	
Post Office	<input type="text"/>				Country Code	<input type="text"/>
Postal Code	<input type="text"/>	Registered Postal Address	<input type="checkbox"/>			

Complete this part if postal address is a Street Address

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>	Country Code	<input type="text"/>
Postal Code	<input type="text"/>	Registered Postal Address	<input type="checkbox"/>

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Particulars of Representative Taxpayer

Capacity: Treasurer Main Partner Main Trustee Public Officer Main Member Parent / Guardian Accounting officer Curator / Liquidator / Executor / Administrator (Estates)
Nature Of Entity: Individual Partnership / Body of persons Company / CC / Shareblock Public authority / Municipality Association not for gain Estate / Liquidation Club Welfare organisation Trust Fund Foreign electronic service entity
Surname:
First Name:
Other Name:
Initials: Date of Birth (CCYYMMDD) Date of Appointment (CCYYMMDD) ID No.
Passport/ Permit No.: Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD)
Relationship Marked for Termination

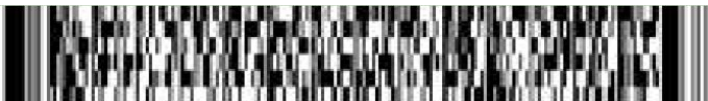
Particulars of Members / Trustees / Beneficiaries / Partners / Directors etc.

Is this party a natural person? Y N

Particulars - Individual

Capacity: Treasurer Partner Trustee Public Officer Member Parent / Guardian Accounting officer Curator / Liquidator / Executor / Administrator (Estates)
Director Main Partner Main Trustee Main Member
Nature Of Entity: Individual Partnership / Body of persons Company / CC / Shareblock Public authority / Municipality Association not for gain Estate / Liquidation Club Welfare organisation Trust Fund Foreign electronic service entity
Surname:
First Name:
Other Name:
Initials: Date of Birth (CCYYMMDD) Date of Appointment (CCYYMMDD) ID No.
Passport/ Permit No.: Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD)
Relationship Marked for Termination

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Particulars - Company / Trust / Partnership and Other Entities

Capacity: Partner

Nature of Entity

Company / CC / Trust Reg No. Date of Appointment (CCYYMMDD) Registration Date (CCYYMMDD)

Registered Name Country of Registration (e.g. South Africa = ZAF)

My Addresses

Address Details (Used to add, edit and delete addresses at library level)

Complete this part if address is a Postal Box

Is your Postal Address a Street Address? Y N Mark here with an "X" if this is a Care Of address

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)

PO Box Private Bag Other PO Special Service (specify) Number

Post Office Country Code

Postal Code **Registered Postal Address**

Complete this part if address is a Street Address

Unit No. Complex (if applicable)

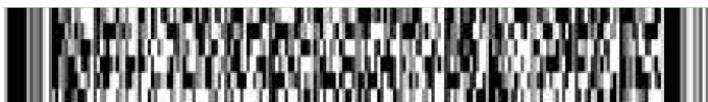
Street No. Street / Farm Name

Suburb / District

City / Town Country Code

Postal Code **Registered Postal Address** **Registered Physical Address**

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My Bank Accounts

Bank Account Holder Declaration

I use South African bank accounts I use a South African Bank Account of a 3rd party I declare that I have no South African bank account

Reason for No Local / 3rd Party Bank Account – Individual

Non-resident without a local bank account Insolvency / Curatorship Deceased Estate Shared Account Income below tax threshold / Impractical Statutory restrictions Minor child

Reason for No Local / 3rd Party Bank Account – Company / Trust / CC / Partnership / Government / Foreign Entity / Other Exempt Institutions etc.

Non-resident without a local bank account Liquidation Company Deregistration Group Company Account Dormant Trust Administrator Account

Bank Account Details

Bank Account Status	<input type="text"/>	Account No.	<input type="text"/>
Branch No.	<input type="text"/>	Account Type:	Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>
Bank Name	<input type="text"/>		
Branch Name	<input type="text"/>		
Account Holder Name (Account name as registered at bank)	<input type="text"/>		

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VAT

VAT Liability Date (CCYYMMDD)

Business Activity Code

Mark here if you derive farming income in addition to your main business activity income

Farming Activity Code

Financial Particulars

Registration Options

Select one of the registration options below.

Taxable supplies exceeded R50 000.00 in the preceding 12 months Y N

Taxable supplies did not exceed R50 000.00 in the preceding 12 months but are reasonably expected to exceed R50,000 in the following 12 months, based on one or more of the following situations: Y N

The actual value of taxable supplies exceeded either an average of R4,200 per month for a minimum of 2 months and a maximum of 11 months immediately preceding the date of registration, or an actual value of R4200 in the month immediately preceding the date of registration Y N

The actual value of taxable supplies were nil or did not exceed either an average of R4,200 per month for a minimum of 2 months and a maximum of 11 months immediately preceding the date of registration, or an actual value of R4200 in the month immediately preceding the date of registration, but either of the following exist Y N

Written Contracts in terms of which a contractual obligation exists in writing, to make taxable supplies in excess of R50,000 in the following 12 months reckoned from the date of registration; or Y N

Finance Agreements wherein the total repayments in terms of that financial, credit or other agreement will in the following 12 months reckoned from the date of registration exceed R 50,000 or Y N

Expenditure incurred or to be incurred or capital goods acquired and payments made will in the following 12 months reckoned from the date of registration exceed R 50,000 Y N

Goods or services are acquired directly in respect of the commencement of a continuous and regular activity and taxable supplies are expected to be made after a period of time Y N

Value of Taxable Supplies

Furnish the actual / expected total value of taxable supplies for a period of 12 months as follows:

Standard rated supplies R

Zero-rated supplies (including goods /services exported to other countries) R

Total value of taxable supplies R

Accounting basis: Payment Invoice

Note: In the case of the purchase of a going concern, furnish the value of supplies made by the seller.

Tax Periods

Please select one of the following:

Monthly tax period Tax periods of 6 months (Farming – only if taxable supplies for 12 months do not exceed R1.5 million)

Tax periods of two months Tax periods of 12 months ending on financial year end

VAT - Diesel Refund Concession Options

On Land Status:

Would you like to register for diesel refunds – On land ? Y N

Off Shore Status:

Would you like to register for diesel refunds – Off shore ? Y N

Rail Status:

Would you like to register for diesel refunds – Rail ? Y N

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Y XXXX



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VAT – Diesel Refund

Concession Type – On Land

Liability Date (CCYYMMDD)	<input type="text"/>	Estimated Diesel Purchases (litres p/a) for Current Financial Year	<input type="text"/>	Estimated Turnover for Current Financial Year	R	<input type="text"/>
Major Division	Forestry and Logging <input type="checkbox"/>	Mining and Quarrying <input type="checkbox"/>	Mining Sub - classification <input type="text"/>	Farming <input type="checkbox"/>		Farming Sub - classification <input type="text"/>

Concession Type – Offshore & Electricity Generating Plant

Liability Date (CCYYMMDD)	<input type="text"/>	Estimated Diesel Purchases (litres p/a) for Current Financial Year	<input type="text"/>	Estimated Turnover for Current Financial Year	R	<input type="text"/>
Major Division	Coastal Shipping <input type="checkbox"/>	Offshore Mining <input type="checkbox"/>	Electricity Generating Plant <input type="checkbox"/>	NSRI <input type="checkbox"/>		Commercial Fishing <input type="checkbox"/>

Concession Type – Rail & Harbour Services

Liability Date (CCYYMMDD)	<input type="text"/>	Estimated Diesel Purchases (litres p/a) for Current Financial Year	<input type="text"/>	Estimated Turnover for Current Financial Year	R	<input type="text"/>
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Tax Practitioner Details

Registration Status	<input type="text"/>	Registration No.	<input type="text"/>	Appointment Date(CCYYMMDD)	<input type="text"/>
Controlling Body	<input type="text"/>				
	<input type="text"/>				

Declaration

I, the undersigned (taxpayer/representative taxpayer) hereby indemnify the South African Revenue Service (SARS) against any loss which may occur due to any payment by SARS transferred to the above bank account nominated by me.

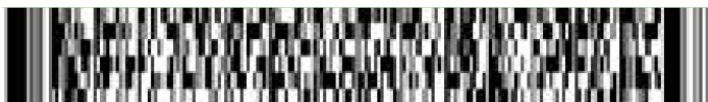
I declare that to the best of my knowledge the information in this form is true and correct and meets the requirements of any legislation as administered by SARS.

Signature

Date (CCYYMMDD)

For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)

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