



This form must be completed in full and submitted via email to VATRulings@sars.gov.za or faxed to 086 540 9390

Particulars of Applicant

In the case of a VAT class ruling, attach a list or a description of the affected class members.

Form fields for Applicant Particulars: Surname or Legal Name, First Name or Trading Name, VAT Reference No. (if Applicable), Company / CC / Trust Fund Registration No. (not applicable to non-residents), ID No. (not applicable to non-residents)

Business Details

Physical Business Address and Contact Details

Form fields for Business Details: Unit No., Street No., Suburb / District, City / Town, Postal Code, Email, Complex (if applicable), Street / Farm Name, Business tel no., Fax no., Cell no., Website

Postal Address

Form fields for Postal Address: Mark here with an "X" if same as above or complete your Postal Address, Postal Code

Trade Classification Codes

Form fields for Trade Classification Codes: State main activity, Activity within major division, Major division

REFER TO BROCHURE - VAT/EMP 403 on the SARS website

Particulars of Tax Practitioner (If Applicable)

Form fields for Tax Practitioner: Surname / Legal name, Email, Tax Practitioner Registration No., Practice Number, Initials, Tel No., Cell No.

