1. THIS APPLICATION WILL ONLY BE ACCEPTED IF APPLIED FOR IN PERSON BY THE
INDIVIDUAL, PARTNER, REPRESENTATIVE VENDOR OR REGISTERED TAX
PRACTITIONER

2. VAT REGISTRATION MAY ONLY BE APPLIED FOR IN RESPECT OF A TENDER, ONCE
THE TENDER HAS BEEN AWARDED

3. VAT REGISTRATION MAY ONLY BE APPLIED FOR IN RESPECT OF A TENDER, ONCE
THE TENDER HAS BEEN AWARDED

4. A LETTER OF AUTHORITY IS REQUIRED WHERE REPRESENTATIVE VENDOR WILL
BE PERFORMING THE DUTIES OF A VENDOR.

FOR OFFICE USE

Main enterprise VAT registration number 4
Branch VAT registration number 4
Area code
Magisterial district

Office date stamp
1. Particulars of person applying / liable for registration

<table>
<thead>
<tr>
<th>PLEASE USE BLOCK LETTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nature of person</strong> (Select applicable nature of person)</td>
</tr>
<tr>
<td>A. Individual</td>
</tr>
<tr>
<td>B. Partnership / Body of persons</td>
</tr>
<tr>
<td>C. Company / CC / Shareblock</td>
</tr>
<tr>
<td>D. Public authority / Municipality</td>
</tr>
<tr>
<td>E. Association not for gain</td>
</tr>
<tr>
<td>F. Estate / Liquidation</td>
</tr>
<tr>
<td>G. Club</td>
</tr>
<tr>
<td>H. Welfare organisation</td>
</tr>
<tr>
<td>I. Trust</td>
</tr>
</tbody>
</table>

**Initials (Only if nature of person is individual)**

**Legal name** (In the case of an individual, only the surname, and in the case of a partnership, company, etc. name of partnership, company, etc.)

**Trading or other name**

**Date of financial year end**

**Preferred language**

**Income tax reference number**

**Date of birth**

**Employees’ tax reference number**

**Identity number**

**Registration number of Company / CC / Trust / Fund**

**Registration number of Co-operative**

**If not South African resident state country of residence**

**Passport number**

**FOR OFFICE USE Reason code**

2. Particulars of enterprise

**Residential address if individual**

**Home telephone number (for Individuals)**

**Physical business address of the enterprise**

**Postal code**

**Business telephone number**

**Facsimile number**

**Cellular phone number**

**E-mail address**

**Website address**

**Postal address**

**Postal code**

**State main activity**

**Trade classification codes**

(Refer to brochure - VAT / PAYE 403 available on the SARS website: www.sars.gov.za)

**Major division**

**Activity within major division**
3. Financial particulars

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 and/or services exported to other countries)**
  - + R

- **TOTAL VALUE OF TAXABLE SUPPLIES**
  - = R

- **Total/expected total value of exempt supplies of goods and/or services**
  - R

Is the determination of the value of taxable supplies based on [ ] actual or [ ] expected financial information?

State source of financial information used to determine the value of taxable supplies (This is mandatory)

<table>
<thead>
<tr>
<th>Source of Financial Information</th>
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<tbody>
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</table>

Is this a voluntary registration where the actual or expected turnover has or will exceed R50 000 [ ] Y / [ ] N

Date on which the enterprise commenced/will commence

Date on which the person became/will become liable for registration

Tax Periods

Mark 1 option with an “X”:

- The tax periods of two months
- Monthly tax periods if total value of taxable supplies exceed R30 million
- The tax periods of six months (only applicable to farming where taxable supplies for 12 months do not exceed R1,5 million)
  - [ ] Individual
  - [ ] Company/CC financial year end
    - JAN JULY FEB AUG MAR SEPT APR OCT MAY NOV JUNE DEC
- The tax periods of twelve months ending on financial year-end
  (Only Trusts and Companies deriving income solely from the activities of letting of fixed property, renting of movable goods or the administration or management of companies which are connected persons in relation to the vendor.)
- The tax periods of four months if taxable supplies for any 12 months do not exceed R1,5 million.

For office use

Accounting basis

One of the following may be chosen namely:

- Invoice basis [ ]
- Payments basis [ ]

The Payments basis may only be chosen by a:
- Public Authority, Municipality or Association not for gain.
- A natural person with total taxable supplies of less than R2.5 million per annum.

4. Particulars of two partners/members/directors/shareholders/trustees

Initials

Surname/Company/Close Corporation name

Income tax reference number

Identification number

Registration number of Company/CC/Trust/Fund

Country of residence

Passport number (non-resident)

FOR OFFICE USE Reason code
5. Particulars of representative vendor

The representative vendor is a natural person residing in South Africa who is, in terms of section 46 of the VAT Act 89 of 1991 responsible for performing the duties of the vendor as required by the relevant Tax Acts. (Not applicable to individuals except if the individual is not a SA resident)

Initials
Surname
Capacity
Physical address in South Africa (not postal box number)
Postal code
Contact telephone number
Cellular phone number
E-mail address
ID / Passport number

Representative vendors must ensure that they are familiar with the provisions of the relevant Tax Acts.

6. Particulars of external auditor / bookkeeper / accountant / tax practitioner (Where applicable)

Initials
Surname / Company name
Postal address
Practice number
Tax Practitioner registration number
Contact telephone number
Cellular phone number
E-mail address
7. Banking particulars (Must be a registered bank in South Africa)

<table>
<thead>
<tr>
<th>Legal name of account holder (must correspond to part 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of account</td>
</tr>
<tr>
<td>Bank branch number (at least six numbers)</td>
</tr>
<tr>
<td>Account number</td>
</tr>
</tbody>
</table>

8. Attachments required of person applying for registration (Please tick blocks for the relevant documents attached)

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

9. Declaration by representative vendor

I declare that:
(i) I am the representative vendor and that the information furnished herein is true and correct and that all required documents are attached and,
(ii) I am fully aware of my duties and responsibilities as per the relevant Tax Acts.
(iii) I will present myself in person to SARS / authorise my registered tax practitioner to present this application in person for validation of information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Capacity of Representative Vendor*</th>
<th>Date</th>
</tr>
</thead>
</table>

*Can only be one of the following persons of the legal entity - individual owner, partner, public officer, trustee, curator, liquidator, executor, administrator, treasurer and accounting officer for municipality or public authority. No Power of Attorney will be accepted for signature purposes.

10. Notes


2. Registration for VAT is area restricted and therefore you will be required to present yourself in person to the Branch office where the business is situated for validation of information. Only applications which is presented in person by the individual / legal representative vendor / authorised registered tax practitioner will be accepted. All other applications will be rejected.

3. A VAT 103 Registration Certificate confirming the VAT number will only be issued upon successful verification and validation of the application.