

Application for a Tax Directive: Gratuities and Two Pot Savings Withdrawal Benefit



FOR OFFICE USE

	Application no.											
	Tax Directive Reason											
	Date of accrual (CCYYMMDD)											
Mark the applicable reason for the directive application request with an X:												
	Severance benefit – Death	Savings Withdrawal Benefit										
	Severance benefit – Retirement (Age of 55 or older)	Section 10(1)(gB)(iii) Compensation										
	Severance benefit – Retirement due to ill health	Employer owned policy proceeds - Taxable										
	Severance benefit – Involuntary retrenchment	Employer owned policy proceeds – Exempt section 10(1) (gG)										
	Severance benefit – Voluntary retrenchment	Severance benefit - Paid by a non-resident Employer Is the Employer registered in South Africa? Yes No										
	Other – Provide other reason and specify amount for each on the next page											

Taxpayer Details

	<u> </u>	_																																																			
Taxpayer reference No.															Yea	of A	sses	sment	ende	ed or	n (C(CYY)																														
Surname																																																					
First Name(s)																																																					
Initials					Da	ate of	f Bir	th (C	CY	YMN	IDD							ld	entity	y nur	mber	:																															
Passport/ Permit No.																		Pa	asspo	ort C	Counti	:ry / (Cour	ntry o	of Or	igin ((e.g.	Sout	h Afi	rica =	ZAI	=)																					
Annual salary	R [.[Em	ploy	ee n	umb	er																

Taxpayer Details (continued)													
Postal Address													
			Postal Code										
Particulars of Employer \ Fund													
Applicant Type: Employer Fund Administrator													
If Fund Administrator was selected, also indicate the fund create reason:													
Fund create reason Approved Fund Public Sector Fund													
PAYE Reference No. 7													
Name of Employer \													
Contact Person													
Tel No.													
Email address of Employer \ Fund \ Insurer													
FSCA Registration number of 1 2 / 8 / 0 0	/ 0 0 0 0 0 0												
Public Sector Fund Approval 1 8 / 2 0 4	Note: If this is a Public S	Sector Fund – Either the FSCA Number or Fund Approval nur	nber must be completed										
Postal Address													

Postal Code

Breakdown of Payment

Severance benefit payable (Excluding leave/notice payments)

Employer owned policy proceeds payable

Section 10(1)(gB)(iii) - Death compensation payable

Savings Withdrawal Benefit Amount

Other (Specify other payment separately)

Leave Pay (Refer to notes)	R											, [
Notice Pay (Refer to notes)	R											,	
Arbitration / CCMA Award (Refer to notes)	R											,	
	R											,	
	R											,	
	R											,	
	R											,	
	R											,	
	R											,	
	R											,	
Gross amount payabl	e R											,	
Important Notes:													
Directives are not transferable and a new application must be made following a change in the gross amount.													ľ
Leave Pay, Notice Pay and/or Arbitration / CCMA award may not be included in, but must be excluded from the amount reflected opposite Severance benefit payable.													
The total amount in respect of Leave Pay, Notice Pay and/or Arbitration / CCMA award must be reflected separately under "Other" (Specify other payments separately below). A separate	directive a	pplication	must b	e subm	nitted in	n respe	ct of ea	ıch.					
Declaration													
I declare that the information furnished is true and correct in every respect.	ate (CCYY	MMDD)							For e call 0	enquiries go 1 0800 00 7277	to www.s 7	ars.gov	.za or

IRP3(a)

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