VALUE-ADDED TAX

Application for separate registration of Diplomatic Missions, Consular Posts and offices of International Organisations

PLEASE READ 'GUIDE FOR VENDORS' (VAT 404 AND VAT 418) BEFORE COMPLETING THIS FORM

This form must be completed in FULL and returned to Department of Foreign Affairs (Protocol). It may not be submitted by facsimile.

FOR OFFICE USE

Main enterprise
VAT registration number

Branch
VAT registration number

4

Area code 6 4

Magisterial district 6 6 1



A vendor is deemed not to have applied for registration until the application form has been completed in full and all the required information and documentation has been furnished.

1. Particulars of person applying/liable for registration

1. Particulars of pe	erson applying/liable for registration	
Nature of person		
Foreign authorities	D	
Name		(
		_ '
Trading or other name		(
		- [
Date on which business wi	iii commence	D (
Date on which the person	became liable for registration	D
Registration number of Cor	mpany/CC/Trust/Fund number	(
If not South African reside residence		
Your existing VAT registrat	tion number 4	
	nber is not available, kindly furnish the following information:	
		D
Does the enterprise mainta	ain an independent accounting system?	
Can the enterprise be sepa		
1. The nature of its acti	ivities?	
2. Its separate locations	s? YES NO	
2. Particulars of en	nterprise	
Physical business address		
	Postal code	4
Business telephone number		
Facsimile number	CODE FAX	_
Cellular phone number		
E-mail address		
Website address		
Postal address		
	Postal code	
Trade classification codes	Major division 2 6 ● Activity within major division 2 6 0	5
3. Financial particu	ılars	
Furnish the total value/	anticipated total value of VAT standard-rated budgeted refunds for a period of 12 mon	ths
VAT standard-rated budge	eted refunds R	
Tax Period*		
Category C (mont	thly tax periods)	
Date on which the enterpri	rise commenced/will commence	D
Date on which the person	became/will become liable for registration	D
Accounting basis		
Payments basis X ● Pro	roof of payment must be provided with each claim.	

	epresentative persor		ica wh	n is i	in ter	ms o	of sec	tion 4	6 of 1	the \	/ΔΤ Δ	ct 89	of 1	991
	g the duties of the vendor a						. 555							
Surname										Т				= [
Surname														=
Capacity	Accounting Officer X													
Physical address										Т				
(not postal box number - must be a South African														
address)														
									Po	ostal	code			(
Contact telephone number	r				С	0 D	E		ГЕ	L		Ш		
Cellular phone number														
E-mail address														
representative capacity, b	will, as regards to the mone be liable for the tax, interest ver, the liability is deemed in	or penalties a	s thou	gh th	ne lial	bilitie	s hav	e bee	en inc	curre				
representative vendor, or as representative vendor. a fine.	til such time as he/she notif until the Commissioner has Failing to comply with the	been notified ese requireme	of the	nam an of	e and	d add e whi	lress ch ca	of and	other	pers	son w	ho sh		
	s must ensure that they l		visior	is of	the '	VAT	Act.							
Declaration to be signe	ed by representative vend	ior:												
I	ID / P	Passport numb	er							tl	ne rep	oreser	ntati	ve
vendor for this vendor he Added Tax Act, no. 89 of	reby declare that I am fully 1991, as amended.	aware of my	duties,	resp	onsib	ilities	and	liabili	ties a	as pe	er the	Value	9-	
Signed:	,							Date:	С	СҮ	Y	M M	D	D
5. Banking particu	lars (Must be a registe	ered bank i	n Sou	ıth <i>A</i>	Afric	a)								
Name of account holder														
Type of account				Cur	rent	1		Savii	ngs	2	Trans	smiss	ion	3
Bank branch number (at	least six numbers)													
Account number														
6. Attachments re	quired of person or	representa	ative	ver	ıdor	ар	plyi	ng f	or r	egi	stra	tion		
	atest bank statement or orig	-				_								
2 Confirmation from	Department of Foreign Affa	airs acknowled	lgment	of ac	ccred	itatio	n plu	s Not	e ver	bale				
3 Certified copy of p	assport/id document of the	representativ	e perso	on										

7. Declaration by the representative vendor

equired documents are atta			
Name	Signature	Capacity	Date
declare that I assisted the learning is true as provided to		ompletion of this form and tha	at the information furnished
Name	Signature	Capacity	Date
lotes			