SARS Application for registration as a Taxpayer or Changing of Registered Particulars: Company



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Public	Public Officer Details																																							
Surname																														h	nitials									
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Three	Three Main Partners Details (Only in case of partnership)														
Number	umber One														
Surname	Taxpayer ref no.														
Initials	ID No. ID No. Passport Country (e.g. South Africa = ZAF	F)													
Number	umber Two														
Surname	Taxpayer ref no.														
Initials	ID No. ID No. Passport Country (e.g. South Africa = ZAF	F)													
Number	nree														
Surname	Taxpayer refno.														
	ID No. Passport No. Passport Country (e.g. South Africa = ZAF	F)													

Three Main Directors / Shareholders / Members Details

Number	' One	e																										
Surname																								Init	ials			
Registered Name																					Taxpayer ref. no							
ID No.							[] ((ate of	Birth IMDD					Passp No.	ort									Passpo South	rt Cou Africa	intry (e = ZAF)	.g.	
Registration No.]											Passport is (CCYYMM	sue dat DD)	e					
Numbe	' Two	0																										
Surname																								Init	ials			
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Registration No.]	1							,			Passport is (CCYYMM	sue dat	e					

Estate Details

Type of Estate	Effective Date (CCYYMMDD)	Meeting Dat	es for Company in Liquidation										
Voluntary liquidation		First meeting CCYYMMDD	Second (CCYY	nd meeting YMMDD)	Special meeting (CCYYMMDD)								
Involuntary liquidation]											
Other: Specify													
Representative Taxpa	yer Details												
Surname					Initials								
First two names					Taxpayer ref. no.								
ID No.		Date of Birth (CCYYMMDD)	Passport No.		Passport Country (e.g. South Africa = ZAF)								
Home Tel No.		Fax No.			Passport issue date (CCYYMMDD)								
Cell No.		Bus Tel No.			Date of Appointment (CCYYMMDD)								
Email Address													
Physical Address				Contact	Numbers								
Unit No.	Complex (if applicable)			Tel No.									
Street No.	Street / Farm name			Cell No.									
Suburb / District				Fax No.									
City / Town													
Country code (e.g. South Africa = ZA)	Post	al Code										
Postal Address				Capacit	y of Representative								
Mark here with an "X"				Liquidator									
if same as above or complete your Postal				Administrato									
Address				Other (Speci									
	Country code (e.g. South Africa = ZA)	Poet	al Code										
For Office Use On													
Initial year of liability	Taxpayer Su	ub-Category	Taxpayer Type	uspense Code	Suspense Effective Date (CCYYMMDD)								
Current financial year end (MM)	Normal	Mining I	Non-Provisional D	Dormant									
	Assurance	Exempt I	Provisional										