

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



Taxpayer Information			
Taxpayer ref. Area coo	de .	Where registered details have changed, the applicant must only fill in the taxpayer reference number and the details that Use capital letters and where applicable, mark with an "X" Note: Please refer to the Supporting Document list available on the SARS website (www.sars.gov.za)	have changed
Trust Details			
Registered name			
	Designation data		
Registration no.	Registration date (CCYYMMDD)		
Bus tel. no.	Fax no.	Cell no.	
Nature of business			
Email address			
Registered Address		Trust Types	
Unit no. Complex (if applicable)		Intervivos Vested Discretionary	
Street no. Street / Farm name		Voluntary Disclosure Programme	
Suburb / District		Is this declaration made in respect of a VDP agreement with SARS?	N N
City / Town		VDP Application No.	
Country code (e.g. South Africa = ZA)	Postal Code		
Bookel Address		Declaration	
Postal Address			
Mark here with an "X" if same as above or		I declare that the information furnished in this application is true, correct and complete.	(XXXXXXXXXXX (XXXXXXXXXXX
complete your Postal Address			
			re you sign over of "X"s above
Country code (e.g. South Africa = ZA)	Postal Code	Date (CCYYMMDD)	
		For enquiries, www.sars.gov.	go to .za or (S (7277)

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Branch Name																																											
Account Holde Name (as registe at bank)	r ered																																										
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Surname																																							Initia	als			I
First two names																																		Taxpa	ayer ref	f. [
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Tax Pr	ractitioner Deta	ails (if applica	able)									TPDIF01
Surname / Registered name										Initials (if applicable)		
Registration No.				Tel	No.							
Contact Email												
Tradir	ng Details											TDINF01
Is theTrust tra		Υ	N	Financial year end (I	MM)							
If 'Yes', will th	ne trust be liable for provi	isional tax? Y	N N				J					
		D (!!										
Inree												MPDIF01
		ers Details (or	lly in case of partr	nership)	_	_						MPDIF01
Numbe		ers Details (or	lly in case of partr	nership)						Taxpaver		MPDIF01
Surname			lly in case of partr	nership)						Taxpayer ref no.	Passnort Country	
		ID No.	lly in case of partr	nership)			Passport No.			Taxpayer ref no.	Passport Country (e.g. South Africa =	
Surname	or One		ly in case of partr	nership)			Passport No.			Taxpayer ref no.	Passport Country (e.g. South Africa =	
Surname Initials	or One		lly in case of partr	nership)			Passport No.				Passport Country (e.g. South Africa =	
Surname Initials	or One		lly in case of partr	nership)			Passport No. Passport No.			Taxpayer ref no.	Passport Country (e.g. South Africa =	ZAF)
Surname Initials Number Surname	er Two	ID No.	ly in case of partr	nership)								ZAF)
Surname Initials Number Surname Initials	er Two	ID No.	ly in case of partr	nership)								ZAF)

Trustee's Details		MTRIF01
Main Trustee		
Surname United Surname		Initials
ID No. Date of Birth (CCYYMMDD)	Passport No.	Passport Country (e.g. South Africa = ZAF)
Physical Address		Passport issue date (CCYYMMDD)
Unit No. Complex (if applicable)		Taxpayer ref.no.
Street No. Street / Farm name	Contact Number	rs
Suburb / District	Bus Tel No.	
City / Town	Fax No.	
Country code (e.g. South Africa = ZA)	Postal Code Cell No.	
Two Other Trustees Details		OTRIF01
Surname Surname		Initials
ID No. Date of Birth (CCYYMMDD)	Passport No.	Passport Country (e.g. South Africa = ZAF)
Physical Address		Passport issue date (CCYYMMDD)
Unit No. Complex (if applicable)		Taxpayer ref.no.
Street No. Street / Farm name	Contact Numbe	rs
Suburb / District	Bus Tel No.	
City / Town	The state of the s	

Two Other Trustees Details (Continued)		OTRIF01
Surname		Initials
ID No.	Date of Birth (CCYYMMDD) Passport No.	Passport Country (e.g. South Africa = ZAF)
Physical Address		Passport issue date (CCYYMMDD)
Unit No. Complex (if applicable)		Taxpayer ref.no.
Street No. Street / Farm name		Contact Numbers
Suburb / District		Bus Tel No.
City / Town		Fax No.
Country code (e.g. South Africa = ZA)	Postal Code	Cell No.

Estate Details			
Type of Estate	Effective Date (CCYYMMDD)	Meeting Dates for Insolvent Estates	
Voluntary liquidation		First meeting Second mee CCYYMMDD CCYYMMD	eting Special meeting (CCYYMMDD)
Involuntary liquidation			
Other: Specify			
Representative Taxpay	er Details		
Sumame First two names ID No. Home tel no. Cell no. Email Address Physical Address		Date of Birth (CCYYMMDD) Bus tel no. Fax no.	Taxpayer ref. no. Passport Country (e.g. South Africa = ZAF) Passport issue date (CCYYMMDD) Date of Appointment (CCYYMMDD) 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)		Postal Code	
Postal Address			Capacity of Representative
Mark here with an "X" if same as above or complete your Postal Address			Liquidator Administrator
			Other (Specify)
C	ountry code (e.g. South Africa = ZA)	Postal Code	

For Office Use	Only				
Initial year of liability		Taxpayer Sub-Category	Taxpayer Type	Suspense Code	Suspense Effective Date (ССҮҮММОО)
Current financial year end		Normal Intervivos	Non-Provisional	Dormant	
		Mortis Causa Special Trust	Provisional		
		Exempt Institution			