

Note: This document must also be completed if you require SARS to stamp any form from a foreign country to confirm residency

Applicant Details

Registered Name

Bus Tel No.

Trading Name

Cell No.

VAT Reg No.

Company/ CC / Trust
Reg No.
Contact Email

Registration Date (CCYYMMDD)

PAYE Ref No.

Tax Ref No.

Residential Address in South Africa

Unit No. Complex (if applicable)

Street no. Street / Name of farm

Suburb/ District

City/ Town

Country Code (e.g. South Africa = ZA) Postal Code

Overseas Residential Address (if applicable)

Unit No. Complex (if applicable)

Street no. Street / Name of farm

Suburb/ District

City/Town

Country Code (e.g. South Africa = ZA) Postal Code

Postal Address in South Africa

Please ensure that you capture your postal address in the following sequence: **Box / Bag Number, Suburb / District City, Country Code, Postal Code.** For Street delivery, please follow the physical address format.

Mark here with an "X" if same as SA Residential or complete your Postal Address if different.

Country Code (e.g. South Africa = ZA)

Postal Code

Questions for persons other than a natural person

Select one: Company Close Corporation Trust Exempt Institution Other Specify:

Is the entity a South African tax resident as defined in the Income Tax Act? Y N Is the entity incorporated/established/formed in South Africa? Y N Is the place of effective management in South Africa? Y N

Certificate Information

Was a certificate of residence issued previously and for which period? Y N from (CCYYMMDD) to (CCYYMMDD)

Did you receive a certificate(s) of residence from another Country, if so indicate the period(s)? Y N from (CCYYMMDD) to (CCYYMMDD)

For which period is the certificate of residence required? from (CCYYMMDD) to (CCYYMMDD)

Particulars of Representative Person e.g. Public Officer, Principal Officer, Senior Member, Senior Partner, Main Trustee etc.

Surname

Initials

Bus Tel No.

Fax No.

Cell No.

ID No.

Passport Country (e.g. South Africa = ZAF)

Passport No.

Income Tax Ref No.

Capacity: Public Officer Guardian Partner Treasurer Accounting officer for Local / Public Authority Curator / Liquidator / Administrator (Estates)

Contact Email

Declaration

I declare that:
 • The information furnished in this form and attached thereto is true and correct in every respect; and
 • I accept my legal obligations in terms of the applicable legislation

Signature

Date (CCYYMMDD)

For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)