



# Application by Non-Resident for a Directive for Relief from South African Tax for Pension, Annuities and "Savings Withdrawal Benefit" in terms of a Double Taxation Agreement

**RST01**

**Information:**

- Form to be completed by a resident of a foreign country who claims relief from South African (SA) tax in respect of pension, annuities and savings withdrawal benefits in terms of a Double Taxation Agreement. For a refund please complete the RST02 form.
- This form, when completed, should be taken to your local tax office for certification in your country of tax residence. Once certified post the original form to the South African Revenue Service (SARS): Private Bag x923, Pretoria, 0001.
- For each source of Pension / Annuity / Savings Withdrawal Benefit, complete the relevant schedule.

## Applicant Details – Individual

Country of Tax Residence

National Identification Number in Country of Tax Residence

Surname

First Name

Other Name

Initials  Date of Birth (CCYYMMDD)  South African ID No.  Tick here if you do not have a South African ID number:

Country of Birth

## Taxpayer Reference Number(s)

South African Taxpayer Reference No.  Foreign Taxpayer Identification Number in country of Tax Residence

## Contact Details

Fixed line Telephone No.  Mobile No.

Email

## Physical Address

Unit No.  8 Complex (if applicable)  26

Street No.  8 Street / Farm Name  26

Suburb / District  33

City / Town  21 Country Code

Postal Code  10

## Declaration by Applicant

I declare that the information furnished in this return is true and correct in every respect.

Date (CCYYMMDD)

Signature

**Postal Address**

Mark here with an "X" if same as your physical address or complete your Postal Address  Is your Postal Address a Street Address? Y  N  Mark here with an "X" if this is a "care of" address

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)  21

PO Box  Private Bag  Other PO Special Service (specify)  10 Number

Post Office  22 Country Code

Postal Code  10

**OR**

Unit No.  8 Complex (if applicable)  26

Street No.  8 Street / Farm Name  26

Suburb / District  33

City / Town  21 Country Code

Postal Code  10

**Certification by Country of Tax Residence**

To be completed by the relevant Tax Office in your country of tax residence.

Name of applicant

Tax reference number

Date Tax Resident from (CCYY)

Name of Country

Tax official: Surname  Tax Official: Initials

Tax Official: Designation

**Declaration (by the Relevant Tax Office in the Country of Tax Residence)**

I hereby certify that the applicant is a resident and is liable to taxes in this country under the reference number stated above (if applicable)

Date (CCYYMMDD)

Official Stamp

Signature

# Schedule for Pension, Annuities and Savings Withdrawal Benefits

## Type of Income

Indicate the type of Income:

Pension

Number of Claims

Annuity

Number of Claims

Savings Withdrawal Benefit

Number of Claims

## Schedule: Pension

### Details of the Pension Fund

Name of fund

Nature of Pension

If nature of Pension is 'other' please specify below:

Member's Pension/ Policy No.

Tax period for which the Directive is required from: March to February (CCYY)

2  0   4

Is this a pension attributable to past membership of an occupational fund? Y  N

If 'Y' complete the "History of Employment while a contributing member of an occupational fund" section.

### History of Employment while a Contributing Member of the Occupational Fund

Date From (CCYYMMDD)  8

Date To (CCYYMMDD)  8

Contributions

R

Add

### Registered Postal Address of the Pension Fund

Is the Postal Address a Street Address? Y  N

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)  21

PO Box  Private Bag  Other PO Special Service (specify)  10 Number

Post Office  22 Country Code

Postal Code  10

OR

Unit No.  8 Complex (if applicable)  26

Street No.  8 Street / Farm Name  26

Suburb / District  33

City / Town  21 Country Code

Postal Code  10

# Schedule: Annuity

## Details of Retirement Fund or Insurer

Name of fund/insurer

Is this an annuity attributable to past membership of an occupational fund? Y  N  If 'Y' complete the "History of Employment while a contributing member of an occupational fund" section.

## History of Employment while a Contributing Member of the Occupational Fund

Date From (CCYYMMDD)  8 Date To (CCYYMMDD)  8 Contributions R  ,   + -

## Nature of Annuity

Nature of Annuity  ▼ 53

If nature of Annuity is 'other' please specify below:

56

56

Member's Pension/Policy No.  16

Tax period for which the Directive is required from in South Africa: March to February (CCYY)

2  0  4

## Registered Postal Address of the Retirement Fund or Insurer

Is your Postal Address a Street Address? Y  N

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)  21

PO Box  Private Bag  Other PO Special Service (specify)  10 Number  8

Post Office  22 Country Code  ▼

Postal Code  10

Unit No.  5 Complex (if applicable)  24

Street No.  5 Street / Farm Name  24

Suburb / District  33

City / Town  21 Country Code  ▼

Postal Code  10

OR

# Schedule: Savings Withdrawal Benefit

## Details of the Fund

Name of fund

Type of fund Pension Fund  Provident Fund  Retirement Annuity Fund  Pension Preservation Fund  Provident Preservation Fund

Member's Pension/Policy No.  16

Tax period for which the Directive is required from in South Africa: March to February (CCYY)  2  0

+  -

## Registered Postal Address of Fund

Is your Postal Address a Street Address? Y  N

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)

PO Box  Private Bag  Other PO Special Service (specify)  Number

Post Office  Country Code  ▼

Postal Code

Unit No.  Complex (if applicable)

Street No.  Street / Farm Name

Suburb / District

City / Town  Country Code  ▼

Postal Code

OR