

Taxpayer Information

Nature of Person

Individual
 Partnership / Body of persons
 Company / CC / Shareblock
 Public authority / Municipality
 Association not for gain
 Estate / Liquidation
 Club
 Welfare organisation
 Trust Fund

Particulars of Applicant / Person Liable for Registration

Surname/ Legal name	<input style="width: 100%;" type="text"/>	Initials	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	Financial year end (DDMM)	<input style="width: 100%;" type="text"/>
Trading or other name	<input style="width: 100%;" type="text"/>	Taxpayer income tax reference number	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	Taxpayer PAYE reference number	<input style="width: 100%;" type="text"/>
Date of birth (CCYYMMDD)	<input style="width: 20%;" type="text"/>	Identity Number	<input style="width: 20%;" type="text"/>
		Passport number	<input style="width: 20%;" type="text"/>
Company / CC / Trust Fund Registration number	<input style="width: 20%;" type="text"/>	Is the applicant a foreign company?	Y <input type="checkbox"/> N <input type="checkbox"/>
		Is the enterprise acquired as a going concern?	Y <input type="checkbox"/> N <input type="checkbox"/>
Country of Residence if not South African Resident	<input style="width: 100%;" type="text"/>		

Particulars of Enterprise

Residential Address and Contact Detail (If Individual)

Unit No.	<input style="width: 100%;" type="text"/>	Complex (if applicable)	<input style="width: 100%;" type="text"/>	Home tel no.	<input style="width: 100%;" type="text"/>
Street No.	<input style="width: 100%;" type="text"/>	Street / Farm Name	<input style="width: 100%;" type="text"/>		
Suburb / District	<input style="width: 100%;" type="text"/>				
City / Town	<input style="width: 100%;" type="text"/>				
Postal Code	<input style="width: 100%;" type="text"/>				

Physical Business Address and Contact Detail

Unit No.	<input style="width: 100%;" type="text"/>	Complex (if applicable)	<input style="width: 100%;" type="text"/>	Business tel no.	<input style="width: 100%;" type="text"/>
Street No.	<input style="width: 100%;" type="text"/>	Street / Farm Name	<input style="width: 100%;" type="text"/>	Fax no.	<input style="width: 100%;" type="text"/>
Suburb / District	<input style="width: 100%;" type="text"/>				
City / Town	<input style="width: 100%;" type="text"/>				
Postal Code	<input style="width: 100%;" type="text"/>				
	Website	<input style="width: 100%;" type="text"/>			
Email	<input style="width: 100%;" type="text"/>				

Particulars of **Representative Vendor**

Surname	<input type="text"/>																																			Initials	<input type="text"/>										
Identity Number	<input type="text"/>	Passport number	<input type="text"/>	Contact Tel No.	<input type="text"/>																																										
Capacity	Public Officer <input type="checkbox"/>	Trustee / Curator / Liquidator / Executor / Administrator <input type="checkbox"/>	Partner <input type="checkbox"/>	Agent <input type="checkbox"/>	Treasurer <input type="checkbox"/>	Accounting Officer for Municipality / Public Authority <input type="checkbox"/>																																									
Email	<input type="text"/>																																													Cell no.	<input type="text"/>

Physical Residential Address (in South Africa)

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>		
Postal Code	<input type="text"/>		

Particulars of **External Auditor / Bookkeeper / Accountant / Tax Practitioner**

Surname / Legal name	<input type="text"/>																																			Initials	<input type="text"/>										
Email	<input type="text"/>																																													Tel No.	<input type="text"/>
Tax Practitioner Registration No.	<input type="text"/>	Practice Number	<input type="text"/>	Cell No.	<input type="text"/>																																										

Postal Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postal Code <input type="text"/>

Banking Particulars

Legal name of account holder

Account Type: Cheque Savings / Transmission Branch Code Account No.

Bank Name

Branch Name

Supporting Documents Required

Supporting documents required for ALL applications

- Original letter from bank or recent bank statement with original bank stamp or ABSA bank eStamped statement
- Copy of identity document, driving licence or passport of the representative vendor
- Recent copy of the business municipal account or utility bill or CRA01 form
- Recent copy of the residential municipal account or utility bill or CRA01 form for individual, partner or representative vendor
- Copy of financial information listed as source under financial particulars (no cashflow projections will be accepted)

Additional supporting documents required (depending on the nature of person and circumstances) mark the relevant blocks

- Individual** Copy of identity document, driving licence or passport of the individual
- Partnership** Copy of identity document, driving licence or passport of the partners, and
 Confirmation of partnership (VAT128) form
- Close Corporation / Company / Trust Fund** Copy of identity document, driving licence or passport of two members/directors/shareholders/trustees, and
 Copy of certificate of incorporation
- Association not for Gain / Welfare Organisation / Club** Copy of the constitution
- Application for category E (Company / Trust fund)** VAT121 form
- If application is presented by registered Tax Practitioner** SARS Power of Attorney
- Third party bank account (Holding/Subsidiary or non resident company)** Indemnity for banking details (VAT119i) form

Declaration

I declare that:
 I am the individual owner / partner / representative vendor and the information herein is true and correct and that all the required documents are attached;
 I am fully aware of my duties and responsibilities as per the Value-Added Tax Act, 1991 and Tax Administration Act, 2012;
 I will present myself or authorise my registered tax practitioner to present this application in person to SARS for validation of information.

SIGNATURE

Date (CCYYMMDD)

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

FOR OFFICE USE

Taxpayer registration number Area code Magisterial district Reason code