

**Taxpayer Information**
**Nature of Entity**

Individual	<input type="checkbox"/>	Partnership / Body of persons	<input type="checkbox"/>	Company / CC / Shareblock	<input type="checkbox"/>	Public authority / Municipality	<input type="checkbox"/>	Association not for gain	<input type="checkbox"/>	Estate / Liquidation	<input type="checkbox"/>	Club	<input type="checkbox"/>	Welfare organisation	<input type="checkbox"/>	Trust Fund	<input type="checkbox"/>	Foreign electronic service entity	<input type="checkbox"/>
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**Applicant Details – Individual**

Surname																				
First Name																				
Other Name																				
Initials		Date of Birth (CCYYMMDD)		ID No.																
Passport/ Permit No				Passport Country / Country of Origin (e.g. South Africa = ZAF)		Passport / Permit Issue Date (CCYYMMDD)														

**Applicant Details - Company / Trust / Partnership and Other Entities**

Company / CC / Trust Reg No.		Main Industry Classification Code		Registration Date (CCYYMMDD)		Financial Year End (MM)	
Registered Name						Country of Registration (e.g. South Africa = ZAF)	
						Master's Office of Trust Registration	
Trading Name							

**Physical Address Details**

Unit No.		Complex (if applicable)																		
Street No.		Street / Farm Name																		
Suburb / District																				
City / Town													Country Code							
Postal Code						<b>Registered Physical Address</b>														

**Postal Address Details**

**Complete this part if postal address is a Postal Box**

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  **Registered Postal Address**

**Complete this part if postal address is a Street Address**

Unit No.  Complex (if applicable)

Street No.  Street / Farm Name

Suburb / District

City / Town  Country Code

Postal Code  **Registered Postal Address**

**Financial Particulars**

**Type of Registration**

Compulsory Y  N

Voluntary Y  N

Taxable supplies exceeded R50 000.00 in past period of 12 months Y  N

Taxable supplies did not exceed R50 000.00 in past period of 12 months Y  N

**Total Value of Supplies**

Furnish the total value of supplies of goods and/or services for the period of 12 months as follows:

Standard rated supplies R

Zero-rated supplies R

Total value of taxable supplies R

Total value of exempt supplies R

Note: In the case of a going concern, furnish the value of supplies made by the seller.

**Tax Periods**

Please select one of the following:

Monthly tax period

Tax periods of two months

Tax periods of 4 months

Tax periods of 6 months

Tax periods of 12 months ending on financial year end

**Source**

State source of financial information used to determine the value of taxable supplies

# VAT

VAT Liability Date (CCYYMMDD)

Business Activity Code

Mark here if you derive farming income in addition to your main business activity income

Farming Activity Code

Not applicable for voluntary registration. The Commissioner will determine date of liability.

## Accounting Basis

Select one of the following options:

Invoice Basis

Payment Basis

The Payments Basis may only be chosen by:

- A Public Authority, Municipality, or Association not for gain or
- A natural person with a total value of taxable supplies of less than R2.5 million per annum
- A foreign electronic service entity

## Particulars of Partners / Members / Directors / Shareholders / Trustees

### Particulars 1

Surname / Legal name

Initials

Identity Number

Passport No.

Company / CC / Trust Fund Registration number

Taxpayer income tax reference number

Country of Residence

### Particulars 2

Surname / Legal name

Initials

Identity Number

Passport No.

Company / CC / Trust Fund Registration number

Taxpayer income tax reference number

Country of Residence

## Particulars of Representative Vendor

Capacity:

Treasurer

Main Partner

Main Trustee

Public Officer

Main Member

Parent / Guardian

Accounting officer

Curator / Liquidator / Executor / Administrator (Estates)

Nature Of Entity

Surname

First Name

Other Name

Initials

Date of Birth (CCYYMMDD)

Date of Appointment (CCYYMMDD)

ID No.

Passport/ Permit No

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

Passport Issue Date (CCYYMMDD)



## 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) or as required in terms of any Regulation
- Copy of Tax Registration Certificate issued in country of residence (only applicable to foreign electronic service entity)

### 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
- If application is presented by registered Tax Practitioner**  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](http://www.sars.gov.za) or call 0800 00 SARS (7277)

## FOR OFFICE USE

Taxpayer registration number  Area code  Magisterial district  Reason code