



## APPLICATION FOR A DUPLICATE PAYSリップ / TAX CERTIFICATE

Industry Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID/Passport Number											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PLEASE INDICATE WHICH DOCUMENT YOU WOULD LIKE TO HAVE A DUPLICATE OF**  
(Please Tick Applicable Box)

<b>1</b>	<b>PAYMENT ADVICE</b>	<input type="checkbox"/>					
Specify Date (YYYYMMDD)							
A	<input type="text"/>	B	<input type="text"/>	C	<input type="text"/>	D	<input type="text"/>
DOCUMENTARY REQUIREMENTS							
<b>Note: the documentary requirements need to be complied with in full. Failure to comply will lead to a delay in processing this request.</b>							
1	Copy of Identity Document / Passport						<input type="checkbox"/>
2	If you are applying on behalf of a pensioner please send us the power of attorney together with a copy of Identity Document / Passport						<input type="checkbox"/>
3	If you are a broker and applying on behalf of a pensioner please send us the brokers note / client consent note together with a copy of Identity Document / Passport						<input type="checkbox"/>

<b>2</b>	<b>TAX CERTIFICATE (IRP5)</b>	<input type="checkbox"/>					
Specify Year Of Assessment (YYYY)							
A	<input type="text"/>	B	<input type="text"/>	C	<input type="text"/>	D	<input type="text"/>
DOCUMENTARY REQUIREMENTS							
<b>Note: the documentary requirements need to be complied with in full. Failure to comply will lead to a delay in processing this request.</b>							
1	Copy of Identity Document / Passport						<input type="checkbox"/>
2	If you are applying on behalf of a pensioner / member please send us the power of attorney together with a copy of Identity Document / Passport						<input type="checkbox"/>
3	If you are a broker and applying on behalf of a pensioner / member please send us the brokers note / client consent note together with a copy of Identity Document / Passport						<input type="checkbox"/>

Signature

Date (YYYYMMDD)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

