

Individual

☐

Company/Trust/
Partnership/ Other Entities

☐

Please refer to the Supporting Document list available on the SARS website (www.sars.gov.za)

Applicant Details – Individual

Nature Of Entity	Individual	☐	Partnership / Body of persons	☐	Company / CC / Shareblock	☐	Public authority / Municipality	☐	Association not for gain	☐	Estate / Liquidation	☐	Club	☐	Welfare organisation	☐	Trust Fund	☐	Foreign electronic service entity	☐		
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)								
Trading Name																						

Applicant Details - Company / Trust / Partnership and Other Entities

Nature Of Entity	Individual	☐	Partnership / Body of persons	☐	Company / CC / Shareblock	☐	Public authority / Municipality	☐	Association not for gain	☐	Estate / Liquidation	☐	Club	☐	Welfare organisation	☐	Trust Fund	☐	Foreign electronic service entity	☐	
Company / CC / Trust Reg No.						Main Industry Classification Code				Registration Date (CCYYMMDD)					Financial Year End (MM)						
Registered Name																					
Trading Name																					

Applicant Info

Preferred Language											
Not Married	☐	Married in Community of Property	☐	Married out of Community of Property	☐	Are you a foreign diplomatic or consular mission ?	Y ☐ N ☐	Are all of the partners in this partnership natural persons ?	Y ☐ N ☐	Are you a asylum seeker with a valid permit?	Y ☐ N ☐
								Are you a Share Block?	Y ☐ N ☐	Are you a Body Corporate?	Y ☐ N ☐

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CT XX

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Contact Details

Home Tel No.		Fax No.	
Cell No.		Bus Tel No.	
Mark here with an X if you declare that you do not have a Cell No.	☐	Mark here with an X if you declare that you do not have an Email address	☐
Email			
Web Address			

Physical Address Details

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

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

Mark here with an "X" if same as above 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)						
PO Box	☐	Private Bag	☐	Other PO Special Service (specify)		
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		☐

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Particulars of Representative Taxpayer

Capacity:	Treasurer ☐	Main Partner ☐	Main Trustee ☐	Public Officer ☐	Main Member ☐	Parent / Guardian ☐	Accounting officer ☐	Curator / Liquidator / Executor / Administrator (Estates) ☐		
Nature Of Entity	Individual ☐	Partnership / Body of persons ☐	Company / CC / Shareblock ☐	Public authority / Municipality ☐	Association not for gain ☐	Estate / Liquidation ☐	Club ☐	Welfare organisation ☐	Trust Fund ☐	Foreign electronic service 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)			
Relationship Marked for Termination ☐										

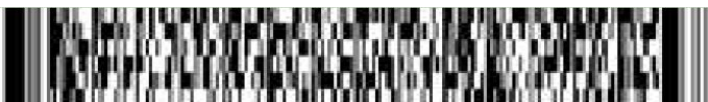
Particulars of Members / Trustees / Beneficiaries / Partners / Directors etc.

Is this party a natural person ? Y ☐ N ☐

Particulars - Individual

Capacity:	Treasurer ☐	Partner ☐	Trustee ☐	Public Officer ☐	Member ☐	Parent / Guardian ☐	Accounting officer ☐	Curator / Liquidator / Executor / Administrator (Estates) ☐		
	Director ☐	Main Partner ☐	Main Trustee ☐	Main Member ☐						
Nature Of Entity	Individual ☐	Partnership / Body of persons ☐	Company / CC / Shareblock ☐	Public authority / Municipality ☐	Association not for gain ☐	Estate / Liquidation ☐	Club ☐	Welfare organisation ☐	Trust Fund ☐	Foreign electronic service 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)			
Relationship Marked for Termination ☐										

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Particulars - Company / Trust / Partnership and Other Entities

Capacity: Partner ☐

Nature of Entity

Company / CC / Trust Reg No. Date of Appointment (CCYYMMDD) Registration Date (CCYYMMDD)

Registered Name Country of Registration (e.g. South Africa = ZAF)

My Addresses

Address Details (Used to add, edit and delete addresses at library level)

Complete this part if address is a Postal Box

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)

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

Post Office Country Code

Postal Code Registered Postal Address ☐

Complete this part if 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 ☐ Registered Physical Address ☐

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My Bank Accounts

Bank Account Holder Declaration

I use South African bank accounts ☐ I use a South African Bank Account of a 3rd party ☐ I declare that I have no South African bank account ☐

Reason for No Local / 3rd Party Bank Account – Individual

Non-resident without a local bank account ☐ Insolvency / Curatorship ☐ Deceased Estate ☐ Shared Account ☐ Income below tax threshold / Impractical ☐ Statutory restrictions ☐ Minor child ☐

Reason for No Local / 3rd Party Bank Account – Company / Trust / CC / Partnership / Government / Foreign Entity / Other Exempt Institutions etc.

Non-resident without a local bank account ☐ Liquidation ☐ Company Deregistration ☐ Group Company Account ☐ Dormant ☐ Trust Administrator Account ☐

Bank Account Details

Bank Account Status
Branch No.
Bank Name
Branch Name
Account Holder Name (Account name as registered at bank)
Account No.
Account Type: Cheque ☐ Savings ☐ Transmission ☐

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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

Financial Particulars

Registration Options

Select one of the registration options below.

Taxable supplies exceeded R50 000.00 in the preceding 12 months

Y ☐ N ☐

Taxable supplies did not exceed R50 000.00 in the preceding 12 months but are reasonably expected to exceed R50,000 in the following 12 months, based on one or more of the following situations:

Y ☐ N ☐

The actual value of taxable supplies exceeded either an average of R4,200 per month for a minimum of 2 months and a maximum of 11 months immediately preceding the date of registration, or an actual value of R4200 in the month immediately preceding the date of registration

Y ☐ N ☐

The actual value of taxable supplies were nil or did not exceed either an average of R4,200 per month for a minimum of 2 months and a maximum of 11 months immediately preceding the date of registration, or an actual value of R4200 in the month immediately preceding the date of registration, but either of the following exist

Y ☐ N ☐

Written Contracts in terms of which a contractual obligation exists in writing, to make taxable supplies in excess of R50,000 in the following 12 months reckoned from the date of registration; or

Y ☐ N ☐

Finance Agreements wherein the total repayments in terms of that financial, credit or other agreement will in the following 12 months reckoned from the date of registration exceed R 50,000 or

Y ☐ N ☐

Expenditure incurred or to be incurred or capital goods acquired and payments made will in the following 12 months reckoned from the date of registration exceed R 50,000

Y ☐ N ☐

Goods or services are acquired directly in respect of the commencement of a continuous and regular activity and taxable supplies are expected to be made after a period of time

Y ☐ N ☐

Value of Taxable Supplies

Furnish the actual / expected total value of taxable supplies for a period of 12 months as follows:

Standard rated supplies R

Zero-rated supplies (including goods /services exported to other countries) R

Total value of taxable supplies R

Accounting basis: Payment ☐ Invoice ☐

Note: In the case of the purchase 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 6 months (Farming – only if taxable supplies for 12 months do not exceed R1.5 million) ☐

Tax periods of two months ☐ Tax periods of 12 months ending on financial year end ☐

VAT - Diesel Refund Concession Options

On Land Status:

Would you like to register for diesel refunds – On land ? Y ☐ N ☐

Off Shore Status:

Would you like to register for diesel refunds – Off shore ? Y ☐ N ☐

Rail Status:

Would you like to register for diesel refunds – Rail ? Y ☐ N ☐

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Y XXXX

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VAT – Diesel Refund

Concession Type – On Land

Liability Date (CCYYMMDD)		Estimated Diesel Purchases (litres p/a) for Current Financial Year		Estimated Turnover for Current Financial Year	R	
Major Division	Forestry and Logging ☐	Mining and Quarrying ☐	Mining Sub - classification	Farming ☐	Farming Sub - classification	

Concession Type – Offshore & Electricity Generating Plant

Liability Date (CCYYMMDD)		Estimated Diesel Purchases (litres p/a) for Current Financial Year		Estimated Turnover for Current Financial Year	R	
Major Division	Coastal Shipping ☐	Offshore Mining ☐	Electricity Generating Plant ☐	NSRI ☐	Commercial Fishing	☐

Concession Type – Rail & Harbour Services

Liability Date (CCYYMMDD)		Estimated Diesel Purchases (litres p/a) for Current Financial Year		Estimated Turnover for Current Financial Year	R	
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Tax Practitioner Details

Registration Status		Registration No.		Appointment Date(CCYYMMDD)	
Controlling Body					

Declaration

I, the undersigned (taxpayer/representative taxpayer) hereby indemnify the South African Revenue Service (SARS) against any loss which may occur due to any payment by SARS transferred to the above bank account nominated by me.

I declare that to the best of my knowledge the information in this form is true and correct and meets the requirements of any legislation as administered by SARS.

Signature

Date (CCYYMMDD)

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

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