

8. Particulars of external auditor / bookkeeper / accountant / tax practitioner (Where applicable)

Initials

Surname / Company name

Postal address

Postal code

Practice number

Tax Practitioner registration number (section 67A) PR-

Contact telephone number

Cellular phone number

E-mail address

9. Banking particulars (Must be a registered bank in South Africa)

Legal name of account holder (must correspond to part 1)

Type of account Current Savings Transmission

Bank branch number (at least six numbers)

Account number

10. Attachments required of person applying for registration (Please tick blocks for the documents attached)

		For office use
Individual	<input type="checkbox"/> Copy of the identity document of the individual	<input type="checkbox"/>
Partnership	<input type="checkbox"/> Copy of the identity documents of the 2 most senior partners of the partnership	<input type="checkbox"/>
Close Corporation / Company / Trust / Fund	<input type="checkbox"/> Copy of the identity documents of the 2 most senior members / directors / shareholders / trustees	<input type="checkbox"/>
Close Corporation / Company / Trust	<input type="checkbox"/> Copy of certificate of incorporation	<input type="checkbox"/>
Association not for Gain / Welfare Organisation / Club	<input type="checkbox"/> Copy of constitution	<input type="checkbox"/>
Letter of Authority	<input type="checkbox"/> If application is presented by registered Tax practitioner	<input type="checkbox"/>
Documents to be submitted with all applications:		
	<input type="checkbox"/> Original cancelled cheque or original letter from your banker	<input type="checkbox"/>
	<input type="checkbox"/> Copy of the identity document or copy of passport of the representative employer	<input type="checkbox"/>
	<input type="checkbox"/> Recent copy of the Business Municipal account or	<input type="checkbox"/>
	<input type="checkbox"/> Recent copy of the Residential Municipal account of individual, partner or representative employer	<input type="checkbox"/>

11. Declaration by representative Employer

I declare that:
 (i) I am the representative employer and that the information furnished herein is true and correct and that all required documents are attached and,
 (ii) I am fully aware of my duties and responsibilities as per the fourth schedule to the Income Tax Act 58 of 1962.

Name Signature Capacity of Representative Employer Date

12. Notes

1. Please read "Guide for Employers iro Employees' Tax for more information regarding Employees' Tax. Available on the SARS website: www.sars.gov.za
2. An employer is deemed not to have applied for registration until the application form has been completed in full and all the required information and documentation has been furnished.
3. A EMP 103 Registration Certificate confirming the registration number(s) will only be issued upon successful verification and validation.