

Application for a Tax Clearance Certificate

Purpose

Select the applicable optionTenders ☐ Good standing ☐

If "Good standing", please state the purpose of this application

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Particulars of applicant

| | | | |
|---|---------------|--------------------------------------|---------------|
| Name/Legal name (Initials & Surname or registered name) | | | |
| Trading name (if applicable) | | | |
| ID/Passport no | | Company/Close Corp. registered no | |
| Income Tax ref no | | PAYE ref no | 7 |
| VAT registration no | 4 | SDL ref no | L |
| Customs code | | UIF ref no | U |
| Telephone no | CODE - NUMBER | Fax no | CODE - NUMBER |
| E-mail address | | | |
| Physical address | | | |
| Postal address | | | |

Particulars of representative (Public Officer/Trustee/Partner)

| | | | |
|------------------|---------------|-------------------|---------------|
| Surname | | | |
| First names | | | |
| ID/Passport no | | Income Tax ref no | |
| Telephone no | CODE - NUMBER | Fax no | CODE - NUMBER |
| E-mail address | | | |
| Physical address | | | |

| | |
|---------------------------------|--|
| Tender number | <input type="text"/> |
| Estimated Tender amount | R <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"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |
| Expected duration of the tender | <input type="text"/> <input type="text"/> <input type="text"/> year(s) |

| Particulars of the 3 largest contracts previously awarded | | | | | |
|---|----------------|-----------|----------------|------------------|--------|
| Date started | Date finalised | Principal | Contact person | Telephone number | Amount |
| | | | | | |
| | | | | | |
| | | | | | |

Are you currently aware of any Audit investigation against you/the company?.....

If "YES" provide details

| | |
|-----|----|
| YES | NO |
|-----|----|

I the undersigned confirm that I require a Tax Clearance Certificate in respect of or .

I hereby authorise and instruct to apply to and receive from SARS the applicable Tax Clearance Certificate on my/our behalf.

Signature of representative/agent

- -

Date

Name of representative/agent

I declare that the information furnished in this application as well as any supporting documents is true and correct in every respect.

Signature of applicant/Public Officer

C

C

Y

Y

—

M

M

—

D

D

Date

Name of applicant/
Public Officer

1. It is a serious offence to make a false declaration.
2. Section 75 of the Income Tax Act, 1962, states: Any person who
 - (a) fails or neglects to furnish, file or submit any return or document as and when required by or under this Act; or
 - (b) without just cause shown by him, refuses or neglects to-
 - (i) furnish, produce or make available any information, documents or things;
 - (ii) reply to or answer truly and fully, any questions put to him ...As and when required in terms of this Act ... shall be guilty of an offence ...
3. **SARS will, under no circumstances, issue a Tax Clearance Certificate unless this form is completed in full.**
4. Your Tax Clearance Certificate will only be issued on presentation of your South African Identity Document or Passport (Foreigners only) as applicable.