



Application for a Tax Clearance Certificate

Purpose

Select the applicable optionTenders Good standing

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

Two empty text input boxes for stating the purpose of the application.

Particulars of applicant

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

Particulars of representative (Public Officer/Trustee/Partner)

Surname	<input type="text"/>										
First names	<input type="text"/>										
ID/Passport no	<input type="text"/>				Income Tax ref no	<input type="text"/>					
Telephone no	<input type="text" value="CODE"/>		<input type="text" value="NUMBER"/>		Fax no	<input type="text" value="CODE"/>		<input type="text" value="NUMBER"/>			
E-mail address	<input type="text"/>										
Physical address	<input type="text"/>										

Particulars of tender (If applicable)

Tender number

Estimated Tender amount R ,

Expected duration of the tender year(s)

Particulars of the 3 largest contracts previously awarded

Date started	Date finalised	Principal	Contact person	Telephone number	Amount
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Audit

Are you currently aware of any Audit investigation against you/the company? YES NO

If "YES" provide details

Appointment of representative/agent (Power of Attorney)

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

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

agent

Declaration

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

- -

Date

Name of applicant/Public Officer

Notes:

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