



**Tax Practitioner Details (if applicable)**

TPDIF01

Surname / Registered name

Initials (if applicable)

Registration No.

Tel No.

Contact Email

**Employer Details**

EMPIF01

Name

**Business Address**

PAYE Ref. No

Unit No.

Complex (if applicable)

Bus Tel No.

Street No.

Street / Farm name

Fax No.

Suburb / District

City / Town

Country code (e.g. South Africa = ZA)

Postal Code

**Postal Address**

Mark here with an "X" if same as above or complete your Postal Address

Country code (e.g. South Africa = ZA)

Postal Code

**Bank Account Holder Declaration**

BNKIF01

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**

Non-resident without a local bank account

Insolvency / Curatorship

Deceased Estate

Shared Account

Income below tax threshold / Impractical

Statutory restrictions

Minor child

## Bank Account Details

Bank Account Status:  10 Account No.:  16

Branch No.:  6 Account Type: Cheque  Savings  Transmission

Bank Name:  50

Branch Name:  50

Account Holder Name (Account name as registered at bank):  49

## Income Details

MPDIF01

State the estimated taxable income per annum R

Nature of Income	Period: Date From	Period: Date To	Gross Amount (Rands Only)
State main source of income a) Salary / Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Bonus / Gratuity	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Commission	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Other: Specify <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>			<input type="text"/>

## Three Main Partners Details (Only in case of partnership)

MPDIF01

### Number One

Surname:  Taxpayer ref no.:

Initials:  ID No.:  Passport No.:  Passport Country (e.g. South Africa = ZAF):

### Number Two

Surname:  Taxpayer ref no.:

Initials:  ID No.:  Passport No.:  Passport Country (e.g. South Africa = ZAF):

### Number Three

Surname:  Taxpayer ref no.:

Initials:  ID No.:  Passport No.:  Passport Country (e.g. South Africa = ZAF):



The following information is required in order for SARS to process your application. Your application may be rejected where the required information has not been submitted.

### Application Form

This IT77 form must be completed in full and signed by the taxpayer or the representative taxpayer.

### Proof of identity

Individual: A certified or uncertified copy of a valid identity document, driving license, passport, temporary identity document, asylum seekers certificate, permit together with the original identification.

Deceased Estate:

Copy of the death certificate

Death notice in the Government Gazette

Copy of the last will and testament, if a valid will and testament is not available, a next of kin's affidavit is acceptable

Copy of the liquidation and distribution account

Letter of appointment as Executor

Inventory

### Proof of address

General accounts: Utility account i.e. rates and taxes/ water or electricity account/student fee account/medical aid statement/mortgage statement from mortgage lender/all telephone network account/eToll account/major retail accounts

Government documents: Motor vehicle licence documentation/court order/subpoena/traffic fine/UIF payout document/pension payout

Letter from the institution: A letter from an educational institution confirming the physical address of the student.

Lease agreement: A valid lease agreement signed by the lessor.

Legal document: Any statutory body, local government or any other legal document statement that bear the residential address of the taxpayer.

Insurance and investment documents: Life assurance document/short-term insurance document/health insurance document/funeral policy document/investment statement from share, portfolio or unit trust

CRA01 form: Where the place of residence is in the name of a third party, a 'Confirmation of Entity Residential / Business Address (CRA01) form must be completed by the third party.

### Bank Account Details

Original letter from bank not older than one month confirming the account holder's legal name; account number, account type; branch code and the date reflecting the date on which the account was opened;

Recent bank statement with original bank stamp;

ABSA bank eStamped statement

Internet statement with or without an original bank stamp

A clear bank statement drawn from an ATM machine containing all the information such as the account holder's legal name, account number, account type, branch code and must reflect the date the bank account was opened

If the wife/husband does not have a bank account and chooses to use his/her spouse's banking details a certified copy of the marriage certificate is required. In instances of a Life Partner, an affidavit must be provided.

### Representative Taxpayer

Power of attorney/letter of executorship or appointment signed and stamped by the Master of the High Court.

Certified copy of the identity/driving licence/passport/temporal identity document/asylum seekers certificate/permit

**For Office Use Only**

FOINF01

Initial year of liability

**Taxpayer Sub-Category**

Normal  Mining   
Assurance  Exempt

**Suspense Code**

Short term imprisonment   
Overseas   
Study / University

**Suspense Effective Date (CCYYMMDD)**