



MALAWI REVENUE AUTHORITY

INCOME TAX DIVISION

FRINGE BENEFIT TAX REGISTRATION FORM

1. Name of Employer:.....

Employer's Taxpayer Identification Number (TPIN)

2. Address:.....

Phone Number

3. Location of Offices:.....

.....

4. Nature of fringe benefits provided: (tick as appropriate)

(a) Housing

(b) Motor Vehicle

(c) Other (specify)

.....

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.....

5. Approximate number of employees to whom fringe benefits are provided:.....

Date:.....

.....
Signature of Employer's Representative