



**MALAWI REVENUE AUTHORITY  
DOMESTIC TAXES DIVISION**

**Registration for Income Tax, Value Added Tax and Turnover Tax & Tevet Levy**

All information must be completed fully and in Block Letters.  
Leave blank where the required information is not relevant to your organization (to be completed when it becomes relevant).

The completed form should be hand delivered to the Taxpayer Service Section of Domestic Taxes Office of MRA nearest to you.

**Reason for filling the registration form (tick where applicable)**

- New application - complete all applicable fields
- Updating information - complete the TPIN in the box below and fill in the changed /new information.

TPIN
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For official use only

Date of receipt	Date Captured
Date Verified	Captured By
	TPIN

**1.0 Taxpayer and Business details.**

1.1 Full Names of the Person to be registered (See Note 1) \_\_\_\_\_  
*(If individual, start with surname)*

1.2 Trading Name (See Note 2) \_\_\_\_\_

1.3 Business Registration Number \_\_\_\_\_

1.4 Business Registration Date \_\_\_\_\_

1.5 Which other registration authorities is/are the business (es) registered? \_\_\_\_\_

1.6 Primary sector/nature of business (See note 3) \_\_\_\_\_

1.7 Other nature of business \_\_\_\_\_

1.8 Type of business to be Registered (Mark box)

Limited Company	Sole Proprietor	Partnership	Club	Ecclesiastical Body	Other
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If other, specify: \_\_\_\_\_

1.9 If Sole proprietorship provide:  
Nationality \_\_\_\_\_

Date of birth \_\_\_\_\_

1.10 If Limited Company, provide place of incorporation \_\_\_\_\_

1.11 If Ecclesiastical Body, provide other Source(s) of income \_\_\_\_\_

1.12 If Partnership provide name(s) of partner(s) \_\_\_\_\_

1.13 If you have any associated businesses please specify them (see note 4) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1.14 Commencement date \_\_\_\_\_

1.15 Accounting date \_\_\_\_\_

1.16 Full postal address of principal  
Place of business


1.17 Location / physical address of main premises \_\_\_\_\_

1.18 Give full names and address of public officer/taxpayer representative \_\_\_\_\_  
 \_\_\_\_\_

1.19 Business contacts: Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email \_\_\_\_\_

**2:0 Landlord details, if the property on the above address is rented:**

2.1 Landlord Names \_\_\_\_\_ TPIN \_\_\_\_\_

2.2 Landlord Full Address \_\_\_\_\_

2.3 Landlord's Contact Number \_\_\_\_\_

**3:0 Details of applicant**

3.1 Name of person making application \_\_\_\_\_

3.2 Position (mark box)

Proprietor	Partner	Director	Company Secretary	Public Officer	Authorized Officer
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3.3 Contact phone Number of person making application \_\_\_\_\_ Email address \_\_\_\_\_

**4:0 Details of Officials (e.g. Directors, partners etc)**

Official's Name	TPIN	Date appointed	Address	Non Resident in Malawi (Tick if applicable)

**5:00 Banking Details**

Bank Name	Branch	Account Number	Account Type	Account Name

**6:0 Tax types the business is to be registered for (mark box)**

For each tax selected, provide the start date

TAX	INCOME TAX	PAYE	WHT	FBT	VAT	TT	NRT	TL
DATE STARTED (EFFECTIVE DATE)								

6:1 If you are also registering for PAYE, state the number of employees and attach the details of their emoluments (for those that will be Paid a monthly rate in excess of K30, 000) on Form P4

Number of employees:

6:2 If you are also registering for FBT, state the nature of fringe benefits provided and the number of employees to whom the benefits are Provided

Nature of fringe benefit	Number of persons enjoying the benefit
1.	
2.	
3.	
4.	
5.	
6.	
7.	

6.3 If you are also registering for withholding tax tick the nature of payments from which you will be withholding tax

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="radio"/> Royalties  | <input type="radio"/> Commission                 | <input type="radio"/> Contractors and Subcontractors |
| <input type="radio"/> Rent       | <input type="radio"/> Carriage and haulage       | <input type="radio"/> Public Entertainment           |
| <input type="radio"/> Supplies   | <input type="radio"/> Tobacco and other products | <input type="radio"/> Casual labor or Services       |
| <input type="radio"/> Food Stuff | <input type="radio"/> Bank Interest              | <input type="radio"/> Fees                           |
| <input type="radio"/> Others     |  |  |

**7:0 Details of capital**

7:1 Total capital invested \_\_\_\_\_

7:2 Source of capital invested \_\_\_\_\_

**8: 0 Details of turnover**

8:1 Annual turnover of VAT taxable supplies

Actual turnover in the past twelve month's \_\_\_\_\_

Expected turnover in the next twelve months \_\_\_\_\_

8:3 If the figures above are less than K10, 000,000, provide the actual turnover for the past four quarters:

Quarter ending				
Turnover				

8.4 Annual turnover of exempt supplies in the next twelve months \_\_\_\_\_

8.5 Current value of stock: Purchases and expenses \_\_\_\_\_

**9:0 Branch details (if more than one branch, attach additional information on this section)**

9:1 Branch Name

\_\_\_\_\_

9:2 Branch full address

\_\_\_\_\_

9:3 Location

\_\_\_\_\_

9:4 Branch Telephone Number \_\_\_\_\_

9:5 Name of Contact Person for the branch

\_\_\_\_\_

9:6 Taxes that will be operated separately by the branch (tick in appropriate box)

WHT	VAT	FBT	PAYE
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**10:0 Provide the Landlord details, if the business premises of the branch(es) is being rented:**

10:1 Landlord Full

Address \_\_\_\_\_

10:2 Landlord's Contact Number

\_\_\_\_\_

**11:0 Declaration and Application**

I, \_\_\_\_\_

- a) hereby declare that the particulars and statements given on this form and attachments are true and complete
- b) hereby apply for registration under the provisions of the Taxation Act (Cap 41:01) / VAT ACT (No.7 of 2005)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**12:0 Notes and Clarifications**

1. Person includes individual, a partnership, a company, a corporation, a trust, a club, a society, an association, an organization and a public authority.
2. The trading name under which the business operates e.g. XY LTD, VXZY WHOLESALERS. If you operate under several trade names, state all of them.
3. Nature/sector of business refers to principal activities of the business e.g. manufacturing, construction etc
4. Associated business is any related business.
5. The branches will be allocated extended TPINs where they operate the other taxes separately.
6. Details of officials include the capacity of the official for the business e.g. director, partner etc.
7. If registering for PAYE complete TEVET employers data form.

**12:00 Abbreviations**

<b>TPIN</b> - Taxpayer Identification Number	<b>FBT</b> - Fringe Benefits Tax	<b>TT</b> – Turnover Tax	<b>NRT</b> - Non Resident Tax
<b>VAT</b> - Value Added tax	<b>WHT</b> - Withholding Tax	<b>PAYE</b> - Pay As You Earn	<b>TL</b> - TEVET Levy