



MALAWI REVENUE AUTHORITY DOMESTIC TAXES DIVISION

OFFICIAL DATE STAMP

Msonkho House, Private Bag 247, Blantyre

Website: www.mra.mw

INFORMATION UPDATE FOR DOMESTIC TAXES (INDIVIDUAL)

Please Note

- All information must be completed fully.
- All Mandatory fields (marked with a *) should be filled
- Leave blank where the required information is not relevant (to be completed when it becomes relevant).
- The completed form should be hand delivered/emailed to the MRA Taxpayer Service Section nearest to you.
- Section 82(2) of the taxation act mandates any person to furnish information to the commissioner General in a prescribed formant

For Official Use only

Date of Receipt:	Date Captured:
Date Verified:	Captured by:
Verified By:	

Personal Details

Please fill in all required details in the provided space

Title* (tick where appropriate) Mr. Mrs. Miss MS Dr. Prof
 Any (specify) _____

Last Name*	<input type="text"/>	First Name*	<input type="text"/>
Middle Name	<input type="text"/>	Previous Name	<input type="text"/>
Maiden Name	<input type="text"/>	Spouse Name	<input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Gender* (tick where appropriate) M F

Marital Status*: Married Single Divorced Widow Widower Separated

Date of birth*	<input type="text"/>	Country of residence	<input type="text"/>
Place of birth*	<input type="text"/>	Nationality*	<input type="text"/>

Address Details

Physical Address*		Postal Address*	
Region*	<input type="text"/>	Region*	<input type="text"/>
City/Town*	<input type="text"/>	City/Town*	<input type="text"/>
District*	<input type="text"/>	District*	<input type="text"/>
Building Name	<input type="text"/>	Building Name	<input type="text"/>
House Number	<input type="text"/>	House Number	<input type="text"/>
Street Name*	<input type="text"/>	Street Name*	<input type="text"/>
Municipality	<input type="text"/>	Municipality	<input type="text"/>
Traditional Authority	<input type="text"/>	P.O Box	<input type="text"/>
Village	<input type="text"/>	P/Bag	<input type="text"/>
Effective Date*	<input type="text" value="--"/> <input type="text" value="--"/>	Effective Date*	<input type="text" value="--"/> <input type="text" value="--"/>

Contact Methods

Office telephone number	<input type="text"/>	Mobile number	<input type="text"/>
Email address	<input type="text"/>		

Identification

Identification type* (*Malawian citizens MUST provide national ID*)

National ID Passport

National ID

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Traffic Registration Number

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Passport ID (Non-Citizens only)

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e-Permit Type

e-Permit Number

Issue Date*

Expiry date*

Country of Issue*

ID verification number (Official use only)

Tax Types

Please tick the type of tax and provide effective date of registration.

Tax type : Income Tax

Effective date:

TOT

Effective date:

VAT

Effective date:

PAYE

Effective date:

WHT

Effective date:

FBT

Effective date:

Tevet levy

Effective date:

Mineral Royalty

Effective date:

D / Excise tax

Effective date:

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Business Details

Please indicate business name or trading names or both*

Business name*

Trading name(s)*

Tax Office*

TPIN*

Business Certificate No.*

Reg. Date*

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Accounting date*

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Commencement Date

Source of capital

Total capital invested

Phone*

City/Town*

District*

P.O Box

P/Bag

Email Address

Effective Date

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Business Sector Details

Primary sector *	Nature of business *	Description*	ISIC code (official use only)

Other Businesses (Associated/Partnerships etc.)

Business name	Registration number	Registration date	TPIN

Taxpayer Representative

Do you have a Taxpayer Representative? (Yes/No): _____

If yes, please fill the details below,

Name	<input type="text"/>	Representative TPIN	<input type="text"/>
Contact Number	<input type="text"/>	City/Town*	<input type="text"/>
District*	<input type="text"/>	Email	<input type="text"/>
P.O Box	<input type="text"/>	P/Bag	<input type="text"/>
Effective Date	<input type="text" value="-- --"/>		

Landlord Details (If in rented property)

Do you have a landlord? (Yes/No): _____

*If yes, please fill all the details below**

Landlord name	<input type="text"/>	Landlord TPIN	<input type="text"/>
Contact Number	<input type="text"/>	Landlord City/Town*	<input type="text"/>
Landlord District*	<input type="text"/>	Landlord P.O Box	<input type="text"/>
Landlord P/Bag	<input type="text"/>	Effective Date	<input type="text" value="--"/> <input type="text" value="--"/>

Bank Details*

Do you have any bank accounts? (Yes/No): _____

If yes, please provide details below.

Bank name	Account number	Branch	Bank Sort Code	Account name	Account type

Mobile Money Accounts

Are you registered with any mobile money services (Airtel money/Mpamba)? (Yes/No): _____

If yes, please provide details below.

Mobile service Name	Customer name	Phone number

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Occupational Details

Occupation Status

- Employed
 Student
 Unemployed

Main Category if employed

- Administrative and managerial workers
- Agriculture, Animal Husbandry, Forestry Workers, Fishermen and Hunters
- Production and related workers, transport and equipment operators and land use
- Professional, technical and related workers
- Service workers
- Workers not classified by occupation

Precise category:

Employment Details

Employer's name*	Employer TPIN	Employment start date*

Branches

Branch name	Branch Address	Opening Date	Cessation Date	Description

Branch Sector Details

Description (For official use only)	ISIC Code (For official use only)

Declaration

I _____ (full names) hereby declare that the particulars given herein are true and complete and hereby submit.

Date*

Signature*

