



# 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

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

Email: mrahq@mra.mw

Tel: +265 1 822 588

## Addresses

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Postal address\*

Physical address details\*

Name

Street

Area

Code

## Contact Methods

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Office telephone number

Mobile number

Email address

## Identification

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

National ID

Passport

National ID

Passport ID (Non-Citizens only)

Expiry date

Country of Issue

ID verification number (Official use only)

## Tax Types

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

Tax type :	<input type="checkbox"/> Income Tax	Effective date:	<input type="text"/>
	<input type="checkbox"/> TOT	Effective date:	<input type="text"/>
	<input type="checkbox"/> VAT	Effective date:	<input type="text"/>
	<input type="checkbox"/> PAYE	Effective date:	<input type="text"/>
	<input type="checkbox"/> WHT	Effective date:	<input type="text"/>
	<input type="checkbox"/> FBT	Effective date:	<input type="text"/>
	<input type="checkbox"/> Tevet levy	Effective date:	<input type="text"/>
	<input type="checkbox"/> Mineral Royalty	Effective date:	<input type="text"/>
	<input type="checkbox"/> D / Excise tax	Effective date:	<input type="text"/>

## Business Details

Please indicate business name or trading names or both\*

Business name*	<input type="text"/>	Trading name(s)*	<input type="text"/>
Tax Office*	<input type="text"/>		<input type="text"/>
TPIN*	<input type="text"/>	Business Certificate Number	<input type="text"/>
Reg. Date	<input type="text"/>	Accounting date*	<input type="text"/>
Commencement Date	<input type="text"/>	Source of capital	<input type="text"/>

Total capital  
invested

Phone(s)\*

Full Postal  
Address

Email Address

### 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

Address

Phone number

Email

Representative  
TPIN

## Landlord Details (If in rented property)

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

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

Landlord name

Landlord full address

Contact number

Landlord TPIN

## Bank Details\*

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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

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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

## 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\*

