



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* First Name*

Middle Name Previous Name

Maiden Name Spouse Name

Occupation Employer

Gender* (tick where appropriate) M F

Marital Status*: married single divorced widow widower

Date of birth Country of residence

Place of birth Nationality*

Addresses

Postal address*

Physical address details*

Name

Street

Area

Code

Contact Methods

Office telephone number

Mobile number

Email address

Identification

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

National ID Passport

National ID

Passport ID (Non-Citizens only)

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

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" value="--"/>	Accounting date*	<input type="text" value="--"/>

Commencement Date	<input type="text"/>	Source of capital	<input type="text"/>
Total capital invested	<input type="text"/>	Phone(s)*	<input type="text"/>
Full Postal Address	<input type="text"/>	Email Address	<input type="text"/>

Business Sector Details

Primary sector *	Nature of business *	Description*	ISIC code (official use only)
<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"/>

Other Businesses (Associated/Partnerships etc.)

Business name	Registration number	Registration date	TPIN
<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"/>

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)

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*

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

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

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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*