



# MALAWI REVENUE AUTHORITY DOMESTIC TAXES DIVISION

OFFICIAL DATE STAMP

Msonkho House, Private Bag 247, Blantyre

Website: www.mra.mw

## INFORMATION UPDATE FOR DOMESTIC TAXES (ORGANIZATION)

### Business Details

For Official Use only

**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 your organization (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 format

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

*Please fill in all required details in the provided space*

**Organization category:** Company  Government (MDA)  Society/club  Parastatal  Trust  Partnership

Other specify \_\_\_\_\_

Business name*	<input type="text"/>	Trading name*	<input type="text"/>
Tax Office*	<input type="text"/>		<input type="text"/>
TPIN*	<input type="text"/>	Business Certificate Number*	<input type="text"/>
Business Registration Date	<input type="text"/>	Accounting date*	<input type="text"/>
Commencement Date	<input type="text"/>	Business type*	<input type="text"/>
Previous TPINS	<input type="text"/>		

## Address

Postal address\*

Physical address details\*

Name

Street

Area

Code

## Contact Methods

Business phone number\*

Mobile number

Email\*

Fax

Website

## Public officer details

Name

Business phone number\*

Mobile number

Email\*

Fax

Website

## Business sector details

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

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## Tax Types

Please tick the type of tax and effective date of registration\*

**Tax type:**

Income Tax      Effective date:

VAT      Effective date:

PAYE      Effective date:

WHT      Effective date:

FBT      Effective date:

Tevet levy      Effective date:

Mineral Royalty      Effective date:

D/Excise      Effective date:



## Subsidiary Company Details

Do you have any Subsidiary Companies? (Yes/No): \_\_\_\_\_

If yes, fill the table below and fill all mandatory fields

Subsidiary Company TPIN*	Subsidiary Name*	Subsidiary Effective Date	Postal Address

## Other related companies

Related company TPIN	Company Name	Effective Date	Postal Address

## Directors/Trustee/Partner Details

If your organization has directors or trustees or partners, fill the table below. If Directors/Trustees, indicate whether they receive fees or not. If Partners, indicate profit ratio/percentage

Directors/ Trustee/ Partner TPIN	Full Name*	Position *	Date of appointment*	Profit ratio / Fees received?

## Branch Activities

Branch name	Branch Address	Opening Date	Cessation Date	Description

## Taxpayer Representative Details

If your taxpayer representative is an individual, please fill the section below.

First Name*	<input type="text"/>	Middle Name	<input type="text"/>
Last Name*	<input type="text"/>	Position*	<input type="text"/>
Representative TPIN	<input type="text"/>	Phone number*	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

If your taxpayer representative is a firm, fill the details below

Full name	<input type="text"/>		
Representative TPIN	<input type="text"/>	Phone number*	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

## Bank details

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

## Declaration (to be signed by the public officer)

I \_\_\_\_\_ (full name) hereby declare that the particulars given herein are true and complete.

Date\*

Signature\*

