



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

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

For Official Use only

| | |
|------------------|----------------|
| 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"/> |
| TPIN* | <input type="text"/> | Business Certificate Number* | <input type="text"/> |
| Business Registration Date | <input type="text" value="-- --"/> | Accounting date* | <input type="text" value="-- --"/> |
| Commencement Date | <input type="text"/> | Business type* | <input type="text"/> |
| Previous TPINS | <input type="text"/> | | |

Address

Postal address*

Physical address details*

Name

Street name should not exceed 50 characters including space

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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|--|--|--|--|
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Tax Types

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

Tax type: Income Tax Effective date:

VAT Effective date:

PAYE Effective date:

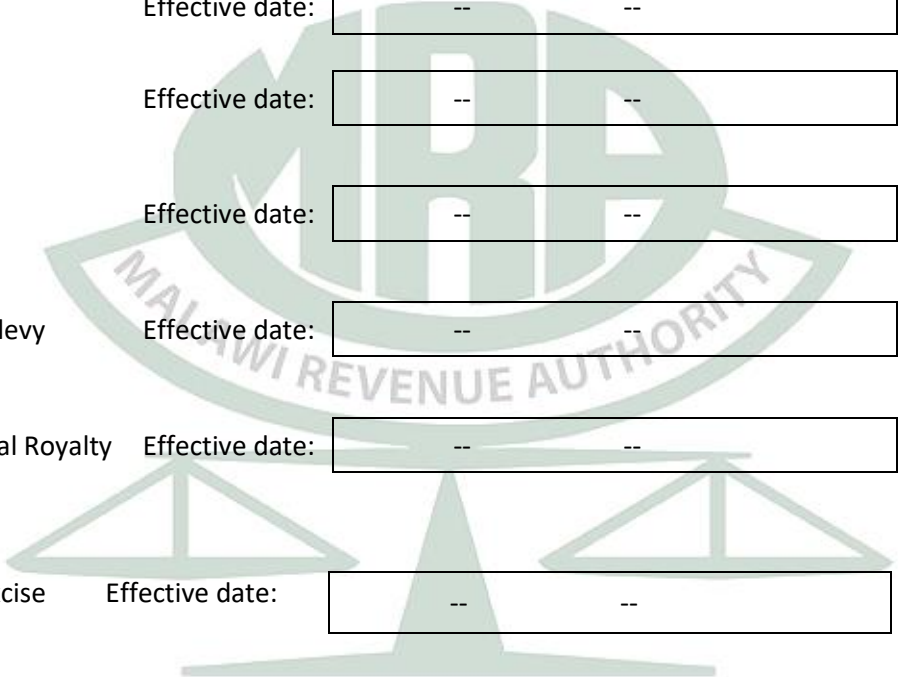
WHT Effective date:

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 |
|----------------------|--------------|----------------|----------------|
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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? |
|--|------------|------------|----------------------|----------------------------------|
| | | | | |
| | | | | |
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Branch Activities

| Branch name | Branch Address | Opening Date | Cessation Date | Description |
|-------------|----------------|--------------|----------------|-------------|
| | | | | |
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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 |
|------------|-----------------|--------|----------------|--------------|--------------|
| | | | | | |
| | | | | | |
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Declaration (to be signed by the public officer)

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

Date*

Signature*

