



# MALAWI REVENUE AUTHORITY DOMESTIC TAXES DIVISION

OFFICIAL DATE STAMP

Msonkho House, Private Bag 247, Blantyre

Website: [www.mra.mw](http://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 style="width: 90%;" type="text"/>	Trading name* <input style="width: 90%;" type="text"/>
TPIN* <input style="width: 90%;" type="text"/>	Business Certificate Number* <input style="width: 90%;" type="text"/>
Business Registration Date <input style="width: 40%; text-align: center;" type="text"/> -- <input style="width: 40%; text-align: center;" type="text"/>	Accounting date* <input style="width: 40%; text-align: center;" type="text"/> -- <input style="width: 40%; text-align: center;" type="text"/>
Commencement Date <input style="width: 90%;" type="text"/>	Business type* <input style="width: 90%;" type="text"/>
Previous TPINS <input style="width: 90%; height: 50px;" type="text"/>	

## Address

### Physical Address\*

Region\*

City/Town\*

District\*

Building Name

House Number

Street Name\*

Municipality

Traditional Authority

Village

Effective Date\*

### Postal Address\*

Region\*

City/Town\*

District\*

Building Name

House Number

Street Name\*

Municipality

P.O Box

P/Bag

Effective Date\*

## Contact Methods

Business phone number\*

Mobile number

Email\*

Fax

Website

## Public officer details

Name*	<input type="text"/>		
Business phone number*	<input type="text"/>	Mobile number	<input type="text"/>
Email*	<input type="text"/>	Fax	<input type="text"/>
Website	<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"/>

## Tax Types

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

<b>Tax type:</b>	<input type="checkbox"/> Income Tax	Effective date:	<input type="text" value="-- --"/>
	<input type="checkbox"/> VAT	Effective date:	<input type="text" value="-- --"/>
	<input type="checkbox"/> PAYE	Effective date:	<input type="text" value="-- --"/>
	<input type="checkbox"/> WHT	Effective date:	<input type="text" value="-- --"/>
	<input type="checkbox"/> FBT	Effective date:	<input type="text" value="-- --"/>
	<input type="checkbox"/> Tevet levy	Effective date:	<input type="text" value="-- --"/>

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"/>

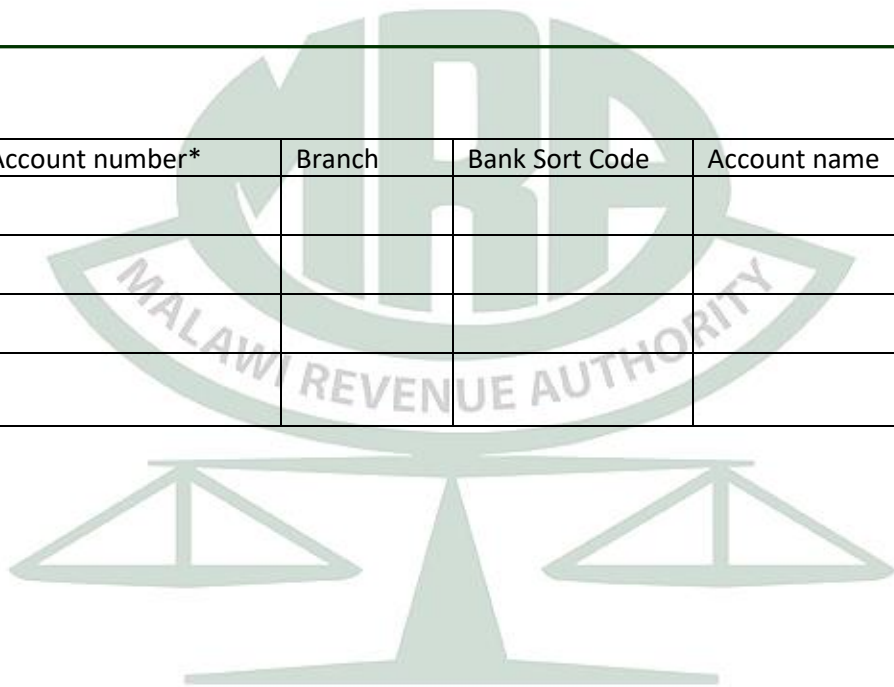
If your taxpayer representative is a firm, fill the details below

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

Email	<input type="text"/>	Region*	<input type="text"/>
City/Town*	<input type="text"/>	District*	<input type="text"/>
Building Name	<input type="text"/>	P.O Box	<input type="text"/>
P/Bag	<input type="text"/>	Effective Date	<input type="text" value="-- --"/>

### Bank details

Bank name*	Account number*	Branch	Bank Sort Code	Account name	Account type
<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"/>



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

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

Date\*

Signature\*