MALAWI REVENUE AUTHORITY

SUMMARY OF WITHHOLDING TAX

Return for the month of ................................./Period from ........................................to ..................................................

Name of Organisation remitting withholding tax..........................................................

Address ........................................................................................................Ref No. (TPIN)..........................................................

Amount of withholding tax being remitted through this form is K..................................

Note: The amount of tax withheld must be paid to the Malawi Revenue Authority office nearest to you within fourteen days from the end of the month in which the tax was withheld.

PARTICULARS

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