## APPLICATION FOR REGISTRATION FOR VAT

<table>
<thead>
<tr>
<th>Identification of person to be registered:</th>
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<tbody>
<tr>
<td>Taxpayer Identification Number (TPIN)</td>
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<table>
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<th>Name of person to be registered</th>
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### For Official Use Only

- Date of receipt ........................................
- Application checked by ..............................
- Registration recommended by .......................
- Not recommended by .................................
- Effective Date of Registration ..................

The completed form should be sent to:

The Commissioner General  
Malawi Revenue Authority  
Chayamba Building  
Private Bag 247  
Blantyre

1. **Identification of person to be registered:**

   Taxpayer Identification Number (TPIN) 

2. **Status of person to be registered:**

   Limited Company/Sole Proprietor/Partnership/Other ........................................

   If partners, provide name, address and signature of partners

   Full name ..................................................

Malawi Revenue Authority
Chayamba Building
Private Bag 247
Blantyre
3. Full address of principal place of business

4. Location of main premises

5. Nature of business

6. Trading name (if any)

7. Name of person making application:
   Surname
   Other names
   Status:   Proprietor ☐   Partner ☐   Director ☐
   Company Secretary ☐   Authorised Officer ☐
   Telephone No.: ..............................................

8. Annual turnover of taxable supplies.
   (a) Actual turnover in the past twelve months ..............................................
   (b) Expected turnover in the next twelve months ..............................................

9. If 8 (a) or (b) are less than K2,000,000 give the following:
   Actual turnover for past four quarters:
   Quarter ending ........................../..........................
   Quarter ending ........................../..........................
   Quarter ending ........................../..........................
   Quarter ending ........................../..........................
10. Annual turnover of exempt supplies expected in the next twelve months:

11. Current value of stock:

   Purchases and expenses

12. Associated business if any:

   (a) Give TPIN: ..............................................................................................................

   (b) Other details: ............................................................................................................

13. Declaration:

   I, Mr./Mrs./Miss * (Full name of Signatory in block letters)

   ........................................................................................................................................

   (a) Hereby declare that the information given in this form and any accompanying correspondence is true and complete, and

   (b) Hereby apply for registration under Section 11 (4) of the VAT Act.

   Signed .............................................  Date .........................................................

   * Delete as necessary

   For Official Use Only

   Registration approved/Not approved

   Signed .............................................  Official Stamp .............................................

   COMMISSIONER GENERAL