

5. BUSINESS / PERSON PARTICULARS						
Registered name of business or name of applicant						
Business address Street name and number						
Building name and floor number						
Location						
City/Town				Street		
Postal Address						
Location						
City/Town				Postal code		
Business Telephone (including code)	Code: ()	Tel:()	Fax Number Including Code	Code: ()	Fax: ()	
Business e-mail address						

6. NATURE OF BUSINESS											
Company	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Individual	<input type="checkbox"/>
Co-op	<input type="checkbox"/>	Public Authority	<input type="checkbox"/>	Foreign entity	<input type="checkbox"/>	other	<input type="checkbox"/>				
Company Registration											
Close corporation Registration Number											
Trust Registration Number											
Identification Number (SWD)											
Other (Please Specify)											

7. REGISTRATION PARTICULARS												
i.	STR Registration Number						ii.	Income Tax Number				
iii.	PAYE Number						iv.	SDL Number				
v.	UIF Number											
b). Full name , surname and ID/Passport number(s) of *sole Proprietor and /* or all Partners/* Managing Director/* Financial Director/* Directors/* Members/* Trustees:												
i.	Initials					Full name						
Surname												
Capacity												
ID number												
Passport Number												
ii.	Initials					Full Name						

Surname																				
Capacity																				
ID number																				
Passport Number																				
iii. Initials					Full Name															
Surname																				
Capacity																				
ID number																				
Passport Number																				

8. CONTACT OF PERSON (Particulars of person who can be contacted regarding this application)					
Surname					
First name					
Telephone (Including code)	Code(_____)	Tel:(_____)	Fax Number (Including code)	Code(_____)	Fax(_____)
e-mail address					
Cellular phone number					
Capacity					

9. ACCOUNTANT/ACCOUNTING DETAILS						
Name of Accountant/Accounting firm						
Particulars of the accounting /auditor or accounting officer						
Initials					First Name	
surname						
Telephone (including code)	Code: (_____)	Tel : (_____)	Fax Number Including Code	Code: (_____)	Fax: (_____)	
Email address						
Business Address: Street name and number						
Building name and floor number						
Location						
City/Town				Street:		
Postal Address						
Location						
City/Town				Postal code		

10. INFORMATION REGARDING CONTRAVENTIONS AND OTHER MATTERS

Please indicate whether during the preceding five years, any person contemplated in the rules for Section 59A or 60

	YES		NO	
(a) Has contravened or failed to comply with the provision of the Act	YES		NO	
(b) Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner General	YES		NO	
(c) Has been convicted of any offence under the Act,	YES		NO	
(d) Has been convicted of any offence involving dishonesty	YES		NO	
(e) Has made any false or misleading statement in any material respect or omitted to state any material fact which was required to be stated in any application for registration or for any other purpose under the Act.	YES		NO	
(f) Has ever been insolvent or in liquidation	YES		NO	

Note:

- If the answer is "yes" to any of the above questions in Block 10, full details must be furnished on a separate page and attached to the application. Any applicant may, where it is contended in respect of paragraphs (a) and (b) that the contravention or failure was inadvertent, without fraudulent intent or gross negligence a submission to this effect should be furnished on a separate page and attached to the application.

DECLARATION:

Thereby:

- Declare that the particulars in the application and all enclosures are true and correct, and
- Undertake to:
 - inform the Swaziland Revenue Authority immediately of any changes in the particulars furnished in the application;
 - comply with such Customs and Excise laws and procedures.

.....
Initials and Surname

.....
Status / Capacity, e.g. Director

.....
(Signature)

.....
Date & Place