



POA 01

Swaziland Revenue Authority

DOMESTIC TAXES DEPARTMENT

STAMP

P.O. Box 5628, Mbabane, Swaziland

Tel: (+268) 2406 4000

Fax: (+268) 2406 4001

E-mail: info@sra.org.sz

Website: www.sra.org.sz

POWER OF ATTORNEY

TO: THE COMMISSIONER

(TICK WHICHEVER IS APPLICABLE)

☐

FOR INDIVIDUALS

I, the undersigned _____
 with TIN _____ of Postal Address _____
 Tel: _____ Cell: _____
 Email: _____ do hereby nominate and
 appoint _____ in his/her capacity as _____
 to be my representative with Power and Authority to act on my behalf for the period from _____
 to _____ in respect of (specifically and clearly state the Power and instruction
 granted).

☐

FOR COMPANY

I, the undersigned _____
 in my capacity as the PUBLIC OFFICER/NOMINATED PERSON of _____
 with COMPANY TIN _____ of Postal Address _____
 Tel: _____ Cell: _____
 Email: _____ do hereby nominate and
 appoint _____ in his/her capacity as _____
 to be my representative with Power and Authority to act on my behalf for the period from _____
 to _____ in respect of (specifically and clearly state the Power and instruction granted).

(TICK WHICHEVER IS APPLICABLE)

Application for extension of time

☐

Lodging an objection

☐

Application for change of public officer

☐

Application for exemption

☐

PAYE reconciliations

☐

Meeting

☐

Application for registration

☐

Application for change of year end/ Accounting period

☐

Application for TCC

☐

Statements

☐

Other: _____ (specify)

I UNDERSTAND THAT I REMAIN FULLY ACCOUNTABLE FOR ALL ACTIONS OR OMISSIONS EXERCISED UNDER THIS
 POWER OF ATTORNEY.

THIS DONE AND EXECUTED AT _____ on this the _____

Signature _____

Company stamp

AS WITNESS

1 _____ (Full Name) 2. _____ (Full Name)

NOTE

- THIS POWER OF ATTORNEY IS LIMITED TO THE PERFORMANCE OF DUTIES IN THE FULFILLMENT OF COMPLIANCE OBLIGATIONS OF THE INCOME TAX ORDER OF 1975 AS AMENDED AND THE VALUE ADDED TAX ACT OF 2011, BUT DOES NOT INCLUDE THE SIGNING OF RETURNS AND OTHER DOCUMENTS INCIDENTAL THERETO.
- A WRITTEN RESPONSE WILL BE SENT TO THE APPLICANT WITHIN 7 (SEVEN) WORKING DAYS OF APPLICATION. NOTE THAT APPLICATION DOES NOT MEAN AUTOMATIC APPROVAL.

Appointee/Nominee Attachments (certified copies)

National ID/Residence Permit

☐**Guidelines**

- These guidelines are issued with the aim of enhancing compliance in the execution of duties by Public Officer and Nominated persons.
- This power of attorney form should be completed by the authorized officer in terms of our Domestic Taxes laws as approved by the Commissioner General.
- Persons who do not have capacity in law to act for any person are disqualified from being appointed representative by the instrument of this power of attorney.
- One or more of the obligations for which the power of attorney is being concluded must be ticked.
- A mandate under this instrument is limited to a 12 month period.
- The appointed representative shall be a person with a clean compliance history. This shall be an instrument by which the person endeavors to comply accordingly.
- This instrument must be completed in full. Where required information is not provided therein, the instrument shall be interpreted as incomplete and therefore regarded as invalid.
- In the event where additional information is to be submitted, attachments may be affixed to this application.
- Termination of agency before the approved period must always be communicated in writing to the Commissioner General, otherwise the agency is for all intents and purposes deemed to be in force.
- Where a public officer appoints an artificial person, the name of the officer responsible for such representation must be specified. In the event the appointed officer resigns from the employment of the artificial agent, the Power of Attorney must be amended accordingly.
- Where an individual is acting on behalf of a company, the individual's personal documents must be attached.