



Swaziland Revenue Authority

DOMESTIC TAXES DEPARTMENT

PAYE 02

STAMP

P.O. Box 5628 MBABANE Tel:+268 2406-4000 Fax:+268 2406-4001 E-mail:info@sra.org.sz Website:www.sra.org.sz

APPLICATION FOR TAX DIRECTIVE

Lump-sum Payments from Pension and Provident Fund

NB. (Complete using Block Letters)

A - PARTICULARS OF THE FUND

Tax year

TIN

Name of fund	<input type="text"/>
Postal Address	<input type="text"/>

B - MEMBER'S PARTICULARS

Surname	<input type="text"/>
Name	<input type="text"/>
Postal address	<input type="text"/>
Fund number	<input type="text"/>
Graded Tax number	<input type="text"/>
Personal Identity Number	<input type="text"/>

C - PAYMENTS

Reasons for making payment

Lump-sum to be paid

Member's contribution	E	<input type="text"/>
Employer's contribution	E	<input type="text"/>
Interest	E	<input type="text"/>
Total	E	<input type="text"/>

Did the fund pay any portion of the lump-sum into another approved Pension or Provident Fund?

No ☐ Yes ☐

If YES state the amount and fund

In case of the member's retirement involving a lump-sum payment from a pension fund, give:

a. The annual annuity which would have been payable to him had he taken a pension	<input type="text"/>
b. The amount of one third of total value of the annuity under (a) commuted to a single payment	<input type="text"/>

Employer's name	<input type="text"/>	Employer's TIN	<input type="text"/>
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D - DECLARATION

I.....(full name) certify the above information to be correct to the best of my knowledge and belief			
Signature	<input type="text"/>	Date	<input type="text"/>
Work Tel./Cell	<input type="text"/>		

Trustee ☐ Administrator ☐ Insurer ☐

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