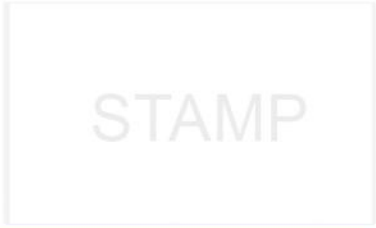




# Eswatini Revenue Authority

DOMESTIC TAXES DEPARTMENT



RG 03

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

## e-TAX APPLICATION FORM

PLEASE TICK THE BOX THAT APPLIES TO THIS APPLICATION

New application

Details update

### TAXPAYER DETAILS

Name of entity:

Taxpayer Identification Number (TIN):

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### APPOINTED USERS

NAME OF USER (S)	PIN	EMAIL ADDRESS	POSITION	TAX TYPE	
				PAYE	<input type="checkbox"/>
				VAT	<input type="checkbox"/>
				INCOME TAX	<input type="checkbox"/>
				PROVISIONAL TAX	<input type="checkbox"/>
				PAYE	<input type="checkbox"/>
				VAT	<input type="checkbox"/>
				INCOME TAX	<input type="checkbox"/>
				PROVISIONAL TAX	<input type="checkbox"/>
				PAYE	<input type="checkbox"/>
				VAT	<input type="checkbox"/>
				INCOME TAX	<input type="checkbox"/>
				PROVISIONAL TAX	<input type="checkbox"/>
				PAYE	<input type="checkbox"/>
				VAT	<input type="checkbox"/>
				INCOME TAX	<input type="checkbox"/>
				PROVISIONAL TAX	<input type="checkbox"/>

### DECLARATION

By submitting this form, I hereby agree to abide by all rules, order, policies and procedures governing the use of the electronic filing system. I understand that the combination of login name and password will serve as the signature of the administrator filling the documents. Therefore as the public officer, I will ensure that each nominated user protects the security of their password and immediately notify the Swaziland Revenue Authority (SRA) if I suspect that any of the passwords has been compromised. I will also promptly notify the SRA if there is a change in my personal data or that of the nominated users, such as name, e-mail address, entity address, telephone number, etc., and I will update the appropriate data within the SRA.

### PUBLIC OFFICER

Full Name.....

Signature..... Date..... Contact:.....

### FOR OFFICIAL USE (Conformance checklist. C- Conformance, NC- Non Conformance)

Attachment in correspondence

Check completeness of application form and supporting documents

TIN / Public Officer Confirmation from RMS

ID copy of appointed user

ID copy and Letter of authorization from public officer


Processed by:.....Signature.....Date.....