

EMPLOYEE'S TAX
SKILLS DEVELOPMENT LEVY
UNEMPLOYMENT INSURANCE
FUND CONTRIBUTIONS

Application for **registration**

FOR OFFICE USE

Nature of person	<input type="checkbox"/>	●
PAYE reference number	7 <input type="text"/>	●
SDL reference number	L <input type="text"/>	●
UIF reference number	U <input type="text"/>	●
Area code	<input type="text"/>	●
Magisterial district	<input type="text"/>	●

An employer is deemed not to have applied for registration until the application form has been completed in full and all the required information and documentation has been furnished.

1. Particulars of person applying for registration

PLEASE USE BLOCK LETTERS.

Nature of person (indicate only 1 option with an "X")

A. Individual	<input type="checkbox"/>	B. Partnership	<input type="checkbox"/>	C. Company/CC/Share	<input type="checkbox"/>
D. Public/Local authority	<input type="checkbox"/>	E. Association not for gain	<input type="checkbox"/>	F. Estate/Liquidation	<input type="checkbox"/>
G. Club	<input type="checkbox"/>	H. Welfare Organisation	<input type="checkbox"/>	I. Trust	<input type="checkbox"/>

Initials

(Only if nature of person is individual)

Name (In the case of an individual, only the surname, and in the case of a partnership, company, etc. name of partnership, company, etc.)

Trading or other name

Preferred language English Afrikaans

Income tax reference number

If not registered for Income Tax purposes state reason

Date of birth Identity number

Registration number of Company/CC/Trust/Fund number

If not South African resident state country of residence

Passport number FOR OFFICE USE: Reason code

If married in community of property, furnish particulars of spouse.

Full names

Identity number

Income tax reference number VAT registration number 4

2. Particulars of business

Residential address if individual

Postal code

Home telephone number (for Individuals)

Physical business address

Postal code

Business telephone number

Facsimile number

Cellular phone number

E-mail address

Website address

Postal address

Postal code

3. Particulars of other enterprises/branches/divisions

State the number of enterprises/branches/divisions if separate enterprises/branches/divisions that also exist in the RSA

State the number of enterprises/branches/divisions for which separate registration is required.

Furnish the trading or other name and/or employer's reference number (PAYE number) of **ALL** enterprises/branches/divisions including those for which an application for separate registration will be made on EMP 102e form:

Name	<input type="text"/>
PAYE number	7 <input type="text"/>
Name	<input type="text"/>
PAYE number	7 <input type="text"/>
Name	<input type="text"/>
PAYE number	7 <input type="text"/>
Name	<input type="text"/>
PAYE number	7 <input type="text"/>
Name	<input type="text"/>
PAYE number	7 <input type="text"/>

4. Particulars of exemptions (only for Skills Development Levy)

Particulars of Exemptions

Employers who fall within the categories mentioned below are not liable for the payment of the levy in terms of section 1 of the Skills Development Levies Act, but must however still register in terms of section 5(6) of the aforementioned Act. Kindly mark the appropriate block with an "X" where applicable).

- Any National/Provincial Public Service employer
 - Public Benefit Organisations
 - National/Provincial public entity, if more than 80% of your expenditure is defrayed from funds voted by Parliament
 - Municipalities to whom a certificate of exemption has been granted
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5. Business particulars for Employees Tax purposes

State main activity

Trade classification codes (Refer to brochure - VAT/PAYE 403) Major division Activity within major division

Format of tables required

Format in which the PAYE deduction tables are required (Mark only 1 block with an "X")

- a) EMP10 tables (Guidelines and tables) B
- b) SARSTax 2000 (Employees Tax Deduction Program) on CD D1
- c) Internet access to download EMP10 tables and SARSTax 2000 updates I
- d) No EMP10 tables or SARSTax 2000 G

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Indicate if a computer program, other than SARSTax 2000, is used/will be used to calculated PAYE deductible YES NO

If 'YES', state the name of that program

Date on which the business commenced/will commence

Date on which the person* became/will become liable to be registered for PAYE/UIF

Date on which the person* became/will become liable to be registered for SDL/UIF

8. Particulars of 5 most senior partners/members/directors/shareholders/trustees (Continue)

Initials		
Surname/Company/Close Corporation/Trust/Fund name		
Income tax number		Identity number
Registration number of Company/CC/Trust/Fund number		
Country of residence		
Passport number (non-resident)		FOR OFFICE USE: Reason code

9. Particulars of representative employer

Initials		
Surname		
Capacity	Public Officer 1	Trustee/Curator/Liquidator / Executor/Administrator 2
	Partner 3	Treasurer 4
		Accounting Officer for local/public authority 5
Physical address (not postal box number - must be a South African address)		
	Postal code	
Contact telephone number	CODE	TEL
Cellular phone number		
E-mail address		

10. Particulars of external auditor/bookkeeper/accountant (where applicable)

Initials		
Surname/Company name		
Postal address		
	Postal code	
Practice number		
Contact telephone number	CODE	TEL
Cellular phone number		
E-mail address		

11. Particulars of bank (Must be a registered bank in South Africa)

Name of account holder		
Type of account	Current 1	Savings 2
		Transmission 3
Bank branch number (at least six numbers)		
Account number		

12. Attachments required of person applying for registration

Please tick blocks for the documents attached. **For office use**

Documents to be submitted with all applications

<input type="checkbox"/>	Letter of appointment as external auditor/bookkeeper/accountant or CM31 if Part 7 Is completed	<input type="checkbox"/>
<input type="checkbox"/>	Latest bank statement or original cancelled cheque or letter from your banker	<input type="checkbox"/>
<input type="checkbox"/>	Recent copy of the business municipal account or copy of lease agreement to confirm the physical business address or confirmation of physical business address by representative employer	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of the identity document of the representative employer or work permit if non-resident	<input type="checkbox"/>

Additional attachments

Individual

<input type="checkbox"/>	Certified copy of the identity document of the individual	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of the identity document of the spouse if married in community of property	<input type="checkbox"/>

Partnership

<input type="checkbox"/>	Certified copies of the identity documents of the 5 most senior partners of the partnership	<input type="checkbox"/>
<input type="checkbox"/>	Partnership agreement in writing. If verbal agreement, please complete and attach the EMP128	<input type="checkbox"/>

Company/Close Corporation

<input type="checkbox"/>	Certified copies of the identity documents of 5 most senior directors/members/shareholders	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of the Founding statement, CK1 or CK2.	<input type="checkbox"/>
<input type="checkbox"/>	Certified copies of Certificate of Incorporation (CM1)	<input type="checkbox"/>
<input type="checkbox"/>	Contents of register of Directors (CM29)	<input type="checkbox"/>

Local Authority/Public Authority

<input type="checkbox"/>	Letterhead of the Local Authority/Public Authority	<input type="checkbox"/>
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Association not for gain

<input type="checkbox"/>	Constitution or memorandum of body applying for registration	<input type="checkbox"/>
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Estate/Liquidation/Trust

<input type="checkbox"/>	Letter of Authority and the Trust deed	<input type="checkbox"/>
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Club

<input type="checkbox"/>	Constitution of the club.	<input type="checkbox"/>
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Welfare Organisation

<input type="checkbox"/>	Proof of registration in terms of Non-profit Organisations Act 71 of 1997	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of exemption in terms of the Income Tax Act 58 of 1962	<input type="checkbox"/>
<input type="checkbox"/>	Certified copy of the constitution of the welfare Organisation	<input type="checkbox"/>

13. Declaration by employer

Have you complied with your obligations in terms of other Acts administered by SARS? YES NO

Declaration by the employer/representative employer completing this form
I declare that I am the employer/representative employer and that the information furnished herein is true and correct and that all required documents are attached.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name	Signature	Capacity	Date

Declaration by the person assisting the employer/representative employer with the completion of this form
I declare that I assisted the employer/representative employer with the completion of this form and that the information furnished herein is true and correct as provided to me by the Employer.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name	Signature	Capacity	Date

For office use

Edited by:

<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Initials and Surname	Signature	Date