

ZIMBABWE REVENUE AUTHORITY

APPLICATION TO BE LICENCED AS A TAX AGENT

PART I (To be completed by applicant)

UNDERTAKING

I/we hereby apply to be licensed as a Tax Agent in terms of these regulations. I/we declare that:

1. I/we have read and understood the provisions of these regulations.
2. Failure on my/our part to disclose full and correct information may result in this application being rejected.
3. Neither I nor my company/partnership has been convicted by a court of law, of any tax offence in the past 5 years preceding the date of this application endorsed on this form.

PART II

PARTICULARS OF APPLICANT

In support of this application, I/we submit the following details

1. Full name of applicant
2. Postal address.....
3. Physical business address.....
4. Physical residential address.....
5. E-mail Address.....
6. Telephone, Cell phone and Fax Number
7. Company Registration Number (copy of Certificate of Incorporation and Memorandum and Articles of Association to be attached)
8. Details of Corporate Relationship (Group companies):
9. Business Partner Number VAT Number
.....
- 10.State whether application is new or renewal:
- 11.List of shareholders, Directors/Partners — Give full name (attach annexure if necessary)

Full Names (Director/Partner)	National Registration Number	Physical Address
i)		
ii)		
iii)		
iv)		

12. Please attach a tax clearance certificate of the applicant to this application form.

13. Zimbabwe Revenue Authority (ZIMRA) offices where returns are submitted.

ZIMRA Office	Physical address of applicant from where licenced business will be conducted	Postal address of applicant from where licensed business will be conducted.

PART III

14. Qualifications of Agents Authorised to sign documents required by ZIMRA.

Returns signed by people not listed below will be rejected.

Full Name	National Identity Number	Qualification/	Experience	Signature of agent

15. Indicate name of professional body, which the tax agent is affiliated to and date of qualification.

PROFESSIONAL BODIES	Date qualification obtained	Comment (if any)
Public Accountant and Auditors Board		
Institute of Chartered Secretaries and Administration in Zimbabwe		
Institute of Certified Tax Accountants		
Association of Chartered Certified Accountants		
Institute of Chartered Accountants		
Institute of Certified Public Accountants		
Law Society of Zimbabwe		
Other (specify)		

16. Please attach any relevant documentation to support your application.

17. Do you have outstanding duty, PAYE, QPD or VAT to be paid?

If so, give details.....

Signed by authorised person at.....

On this.....day of..... (month).....(year).....

(Full name) Signature

Designation

In the presence of -

Witness.....

(Full name) Signature

PART IV (To be completed by the Official)

I, (full name)

do hereby recommend/not recommend the applicant to be registered as a Tax Agent.

Reason/Justification

.....
.....

Signedat [Place].....Date.....

PART V (To be completed by the Manager)

I..... (Full name)

do hereby Approve/ Not Approve the applicant to be registered as a Tax Agent.

Reason/Justification

.....
.....

Signedat [Place].....Date.....

[Manager]