



ZWS ISO 9001:2008 QUALITY MANAGEMENT SYSTEM

REV 2

**ZIMBABWE REVENUE AUTHORITY
Change of Details/Application for additional Revenue Heads**

BP Number									
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PART [I] NEW PARTICULARS OF APPLICANT

1. Registered Name (If person, start with surname)			
2. Trade Name			
3. Date of Death			
4. Physical Address			GPS – Coordinates
5. Postal Address			
6 (a). National Province		6(b) City/Town/Growth Point	
7. Email Addresses			
8. Telephone Number (s)			
9. Fax Number			
10. Cell Number (s)			

PART [II – NEW BRANCH /DIVISION/OTHER INFORMATION/

11. List below particulars of branches, divisions or other businesses associated with this business		
Name of branch, division or business	Physical Address	Nature of Business
(i)		
(ii)		
(iii)		
(iv)		

12 Details of new Shareholders for Private Companies

<u>Name</u>	<u>ID Number</u>	<u>Number of Shares</u>	<u>%age Shareholding</u>	<u>Type of Shares</u>



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13.Details of New Directors (List All and attach schedule)								
	1	2	3	4	5	6	7	8
Name of Director								
Identification Number								
Executive/ non- Exec.								
Residential Address								
Telephone Number								
Email Address								
% Shareholding								

PART [III] – NEW BANK DETAILS

<i>The bank account to be in the name of the legal person or trading name. List all Bank Accounts.</i>					
	<u>Bank 1</u>	<u>Bank 2</u>	<u>Bank 3</u>	<u>Bank 4</u>	<u>Bank 5</u>
Name of Bank					
Branch Name					
Type of Account					
Account Number					
Bank Balance					
Name of Account Holder					

SPOUSE NEW BANK DETAILS (Applicable to Sole Trader only)

	<u>Bank 1</u>	<u>Bank 2</u>	<u>Bank 3</u>	<u>Bank 4</u>	<u>Bank 5</u>
Name of Bank					
Branch Name					
Type of Account					
Account Number					
Bank Balance					



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Name of Account Holder					
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PART [IV] – PARTICULARS OF NEW REPRESENTATIVE (Public Officer / Liquidator / Executor / Administrator / Spouse *(if sole trader)*)

14. Surname											
15. First Names											
15. Business Partner Number											
16. National ID Number			-								
17. Resident Permit Number			-								
18. Physical Address											
18. Telephone Number(s)											
19. Fax Number											
20. Cell Number(s)											
21. E-mail address											

PART [V] – PARTICULARS OF TAX CONSULTANT/TAX ADVISOR

22. Registered Name	<i>(If an individual state surname first)</i>										
23. Trade Name	<i>(If different from above)</i>										
24. Registered Number <i>(If an individual national ID)</i>											
25. Business Partner Number											
26. Physical Address											
27. Telephone Number(s)											
28. E-mail Addresses											

Part [VI] NEW INDUSTRY AND SECTOR DETAILS *(select from attached schedule)*

Industry Name											
Sector Name											



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PART [VII] REVENUE HEADS

Indicate where appropriate

Value Added Tax	<input type="checkbox"/>	Withholding Taxes (Specify)	<input type="checkbox"/>
P.A.Y.E	<input type="checkbox"/>	Presumptive Taxes (Specify)	<input type="checkbox"/>
Income Tax	<input type="checkbox"/>	Pension Deduction Directives	<input type="checkbox"/>
Customs Duty	<input type="checkbox"/>		
Capital Gains Tax (<i>for CGT only</i>) ignore all sections below and complete supplementary CGT form <input type="checkbox"/>			

PART [VIII] INFORMATION FOR FISCALISATION REGISTRATION

If you have been notified by the Commissioner on the statutory requirements to fiscalise and you have acquired the fiscal devices please complete the table below (Attach Schedule).

Details of the Fiscalised Electronic Register	Fiscalised Electronic Register	Fiscalised Printer	Fiscalised Electronic Signature Device
Make			
Model			
Internal/External GPRS			
Date of Manufacture			
Serial Number			
Name of Manufacturer			
Name of Supplier			
Quantity			

PART [IX] – ATTACHMENTS

<i>For whom required</i>	<i>Submit the following information if not previously submitted.</i>
Registered Company	Copy of Certificate of Incorporation
	Copy of Memorandum and Articles of Association
	Copy of current bank statement
	Copy of Identity documents, physical addresses and proof of residence for 2 directors
	CR14 ; CR6
Individual	Letter of Appointing Public Officer/ Representative
	Proof of residence of representative
	Copy of current bank statement



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	Copy of Death Certificate
Other Organisations	Partnership deed
	Constitution
	Proof of residence of representative
	Letter of Appointing Public Officer/ Representative
	Copy of current bank statement

PART X – DECLARATION

Warning: It is an offence to provide false information

If any of the Particulars above change, you are advised to notify the Commissioner of such changes within 14 days.

I..... (full name) public officer hereby declare that the information given herein is correct and hereby apply for registration.

Designation.....Date

Signature.....