



## ZAMBIA REVENUE AUTHORITY DOMESTIC TAXES DIVISION

APPLICATION FOR TPIN AND TAX REGISTRATION / AMENDMENT IN REGISTRATION DETAILS

(Complete this form in block letters)

(In case of amendment tick the boxes on the top left corner of each detail that apply in order to indicate all items that are being changed by this amendment form and then complete the appropriate portion of the form. All dates must be entered as dd/mm/yyyy)

### PART A – TAX REGISTRATION

1a \*PURPOSE i) INITIAL REGISTRATION  ii) TAX TYPE ADDITION (Only for PTT, TOT, Medical Levy, IT)   
 iii) AMENDMENT OF DETAILS  (Tick boxes on the top left of each detail to indicate items that are being changed)

1b \*WHAT ARE YOU REGISTERING FOR? (Tick applicable box. Not required if amending TPIN registration details.) (Please complete separate annexures for Registration details required under VAT, Excise, Mineral Royalty, PAYE, Withholding Tax, Presumptive Tax and Base Tax)

|                               |  |  |                                   |
|-------------------------------|--|--|-----------------------------------|
| TPIN <input type="checkbox"/> | PAYE <input type="checkbox"/>            | INCOME TAX <input type="checkbox"/>      | VAT <input type="checkbox"/>      |
| TOT <input type="checkbox"/>  | PTT <input type="checkbox"/>             | MINERAL ROYALTY <input type="checkbox"/> | EXCISE <input type="checkbox"/>   |
| WHT <input type="checkbox"/>  | PRESUMPTIVE TAX <input type="checkbox"/> | MEDICAL LEVY <input type="checkbox"/>    | BASE TAX <input type="checkbox"/> |

INDICATE TPIN IF REGISTERED

### PART B – TPIN REGISTRATION

2 \*TYPE OF TAXPAYER (Tick appropriate box)

|  |   |  |  |
|--|---|--|--|
| Company (Resident) <input type="checkbox"/>    | Company (Other) <input type="checkbox"/>    | Partnership <input type="checkbox"/>                                     | Club, Association, Society etc. <input type="checkbox"/> |
| Individual (Resident) <input type="checkbox"/> | Individual (Other) <input type="checkbox"/> | Govt. Ministry or Agency or Diplomatic Missions <input type="checkbox"/> | Others <input type="checkbox"/>                          |

If Others, Please specify

3\* WHY DO YOU NEED A TPIN? (\*for VAT Refund Entitlements) (#for PAYE/Unemployment Refund Entitlements)

|  |   |   |
|--|---|---|
| IMPORT/EXPORT <input type="checkbox"/>               | MOTORVEHICLE REGISTRATION/TRANSFER <input type="checkbox"/> | *DIPLOMAT <input type="checkbox"/>  |
| *COMMERCIAL EXPORTER <input type="checkbox"/>        | BUSINESS <input type="checkbox"/>                           | #EMPLOYMENT <input type="checkbox"/>  |
| *TOURIST <input type="checkbox"/>                    |   |   |
| PUBLIC BENEFIT ORGANISATION <input type="checkbox"/> | DIRECTOR <input type="checkbox"/>                           | PARTNER <input type="checkbox"/>  |
| DIPLOMATIC MISSIONS <input type="checkbox"/>         | OTHER <input type="checkbox"/>                              | IF OTHER, PLEASE SPECIFY <input style="width: 280px; height: 20px;" type="text"/> |

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

**SECTION A – PERSONAL DETAILS** *(This Section applies to individual applicants)*

4 \*TITLE \_\_\_\_\_ \*FORENAME \_\_\_\_\_  
MIDDLE NAME \_\_\_\_\_ \*SURNAME \_\_\_\_\_

5 a) \*GENDER

b) \*MARITAL STATUS (SINGLE/ MARRIED/ WIDOW/ WIDOWER/SEPERATED/DIVORCED)

6 \*CITIZENSHIP *(Tick appropriate box)*  
ZAMBIAN  NON ZAMBIAN

7 \*DATE OF BIRTH

8 \*COUNTRY OF RESIDENCE (IF NON-ZAMBIAN)

9 a) \*NRC *(For individual Citizens & Residents)*  
*(Attach copy of NRC)*

b) \*PASSPORT No. *(For non-Citizens & Residents)*  
*(Attach copy of Passport)*

c) WORK PERMIT NO. *(For non-Citizens & Residents, Refugees)*  
*(Attach copy of Work Permit)*

d) DIPLOMATIC FOREIGN AFFAIRS ID *(For Diplomat)*  
*(Attach copy of Diplomat ID)*

**SECTION B – BUSINESS DETAILS** *(If you are in business, fill this Section)*

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

10 \*BUSINESS NAME

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

11 \*TRADING NAME

12 a) \*BUSINESS REGISTRATION NUMBER  
*(Attach copy of Certificate Registration/Incorporation)*

b) \*DATE OF COMMENCEMENT OF BUSINESS

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

13 a) \*DETAILS OF BUSINESS ACTIVITIES

| SR. NO. | ADD/ REMOVE/ CHANGE  | CATEGORY OF BUSINESS ACTIVITY | NATURE OF BUSINESS ACTIVITY <i>(Select from the list given at the end of this form)</i> | TYPE OF BUSINESS ACTIVITY | DESCRIPTION OF BUSINESS ACTIVITY |
|---------|--|-------------------------------|---|---------------------------|----------------------------------|
| 1       | CHANGE <input type="checkbox"/>  | PRINCIPAL                     |   |                           |                                  |
| 2       | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> | ANCILLIARY                    |   |                           |                                  |
| 3       | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> | ANCILLIARY                    |   |                           |                                  |

|                          |                                  |   |   |   |   |   |   |   |   |   |   |
|--------------------------|----------------------------------|---|---|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|                          | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

b) \*SOURCES OF INCOME

EMPLOYMENT \*a) PRINCIPAL EMPLOYER'S TPIN

\*b) PRINCIPAL EMPLOYER'S NAME

RENTAL INCOME

OTHER INCOME (ROYALTY, INTEREST, DIVIDEND, ANNUITY ETC.)

BUSINESS/PROFESSION INCOME

14 \*ESTIMATED TURNOVER PER ANNUM

*\*Mandatory Fields that must be filled*

**SECTION C – GENERAL DETAILS (All applicants, Individual and Business to complete this Section)**

|                          |                                  |   |   |   |   |   |   |   |   |   |   |
|--------------------------|----------------------------------|---|---|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|                          | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

15 \*ADDRESS DETAILS (Attach a sketch map of physical address) (If you are a foreign incorporated company, please quote the address of your permanent establishment here)

| PHYSICAL ADDRESS |  |                |  |
|------------------|--|----------------|--|
| PLOT/HOUSE NO.   |  | STREET         |  |
| *AREA            |  | P.O.BOX        |  |
| *TOWN            |  | *PROVINCE      |  |
| *COUNTRY         |  |                |  |
| LANDLINE NUMBER  |  | *MOBILE NUMBER |  |
| EMAIL ID         |  |                |  |

IS YOUR MAILING ADDRESS SAME AS YOUR PHYSICAL ADDRESS ABOVE? YES  NO

IF NO, PROVIDE BELOW YOUR MAILING ADDRESS DETAILS

| MAILING ADDRESS |  |                |  |
|-----------------|--|----------------|--|
| *PLOT/HOUSE NO. |  | *STREET        |  |
| *AREA           |  | *P.O.BOX       |  |
| *TOWN           |  | *PROVINCE      |  |
| *COUNTRY        |  |                |  |
| LANDLINE NUMBER |  | *MOBILE NUMBER |  |
| EMAIL ID        |  |                |  |

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

16 a) \*DETAILS OF YOUR PRINCIPLE CONTACT PERSON

|                 |                |             |          |
|-----------------|----------------|-------------|----------|
| *TITLE          | *FORENAME      | MIDDLE NAME | *SURNAME |
| *POSITION       |                |             |          |
| PLOT/HOUSE NO.  | STREET         |             |          |
| *AREA           | P.O.BOX        |             |          |
| *TOWN           | *PROVINCE      |             |          |
| *COUNTRY        |                |             |          |
| LANDLINE NUMBER | *MOBILE NUMBER |             |          |
| EMAIL ID        |                |             |          |

b) ALTERNATE CONTACT DETAILS

|                              |                |             |          |
|------------------------------|----------------|-------------|----------|
| *TPIN                        |                |             |          |
| *TITLE                       | *FORENAME      | MIDDLE NAME | *SURNAME |
| *RELATIONSHIP WITH APPLICANT |                |             |          |
| PLOT/HOUSE NO.               | STREET         |             |          |
| *AREA                        | P.O.BOX        |             |          |
| *TOWN                        | *PROVINCE      |             |          |
| *COUNTRY                     |                |             |          |
| LANDLINE NUMBER              | *MOBILE NUMBER |             |          |
| EMAIL ID                     |                |             |          |

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

c) GUARDIANSHIP DETAILS (APPLICABLE ONLY IN CASE YOU ARE HAVING GUARDIANSHIP FOR ANY INCAPACITATED PERSON I.E. MINOR, PERSON OF UNSOUND MIND, LUNATIC, IDIOT OR INSANE PERSON)

| SR.N O. | ADD/<br>REMOVE/<br>CHANGE <input type="checkbox"/>   | IDENTITY NUMBER(NRC OR TPIN) | *FULL NAME | *SOURCE OF INCOME (excluding employment) | *RELATIONSHIP |
|---------|--|------------------------------|------------|--|---------------|
| 1.      | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> |                              |            |  |               |
| 2.      | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> |                              |            |  |               |
| 3.      | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> |                              |            |  |               |
| 4.      | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> |                              |            |  |               |

17 DO YOU HAVE ANY ADDITIONAL PLACE OF BUSINESS?

YES

NO

(If Yes, Please complete the separate annexure for additional place of business)

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

18 \* LIST BELOW BUSINESSES OFFICIALS (DIRECTORS/PARTNERS)(Compulsory for Companies and Partnerships)  
(use separate paper to add more)

| SR. NO. | ADD/ REMOVE/ CHANGE  | *IDENTITY TYPE | *IDENTITY NUMBER | *FULL NAME | *BUSINESS POSITION | *MAILING ADDRESS | PROFIT/LOSS SHARING RATIO (FOR PARTNERS) |
|---------|--|----------------|------------------|------------|--------------------|------------------|--|
| 1       | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> | TPIN           |                  |            | DIRECTOR           |                  |  |
| 2       | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> | PASSPORT       |                  |            | PARTNER            |                  |  |
| 3       | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> | NRC            |                  |            |                    |                  |  |
| 4       | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> | WORK PERMIT    |                  |            |                    |                  |  |

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

19 LIST BELOW ANY OTHER BUSINESSES ASSOCIATED WITH THIS APPLICATION (use separate paper to add more)

| SR.NO. | ADD/ REMOVE/ CHANGE  | TPIN | BUSINESS NAME | ASSOCIATION TYPE                      |
|--------|--|------|---------------|---------------------------------------|
| 1      | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> |      |               | HOLDING COMPANY                       |
| 2      | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> |      |               | SUBSIDIARY COMPANY                    |
| 3      | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> |      |               | PARTNERSHIP/DIRECTORSHIP              |
| 4      | ADD <input type="checkbox"/><br>REMOVE <input type="checkbox"/><br>CHANGE <input type="checkbox"/> |      |               | COMMON SHAREHOLDERS/ COMMON DIRECTORS |

|                          |                                  |   |   |   |   |   |   |   |   |   |   |
|--------------------------|----------------------------------|---|---|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|                          | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

20 LIST VALUE OF ASSETS OF THE BUSINESS (ESTIMATES) (K) *\*(Compulsory for Income Tax & Turnover Tax Registration)*

|  |  |
|--|--|
| MOTOR VEHICLES   |  |
| PLANT AND MACHINERY                                    |  |
| FURNITURE AND FITTINGS                                 |  |
| OFFICE EQUIPMENT                                       |  |
| LAND AND BUILDINGS                                     |  |
| STOCK OF FINISHED GOODS                                |  |
| SHARES IN COMPANIES                                    |  |
| TREASURY BILL AND GOVT. BONDS                          |  |
| CASH AT BANK   |  |
| CASH IN HAND   |  |
| STOCK OF MATERIALS FOR MANUFACTURE OF GOODS FOR RESALE |  |
| OTHER(PLEASE SPECIFY)                                  |  |

21 DETAILS OF SOURCE OF CAPITAL AND AMOUNT OF CAPITAL

| SR. NO. | SOURCE OF CAPITAL | AMOUNT OF CAPITAL(K) |
|---------|-------------------|----------------------|
| 1       |                   |                      |
| 2       |                   |                      |

|                          |                                  |   |   |   |   |   |   |   |   |   |   |
|--------------------------|----------------------------------|---|---|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|                          | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

22 BUSINESS PROPERTY *(Tick appropriate box)*

OWNED  RENTED

|                          |                                  |   |   |   |   |   |   |   |   |   |   |
|--------------------------|----------------------------------|---|---|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|                          | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

23 a) AMOUNT OF RENT PAID (K)

b) WITHHOLDING TAX DEDUCTIBLE?

YES  NO

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

24 DETAILS OF THE LANDLORD AND ADDRESS OF RENTED PROPERTY, IF RENTED *(use separate papers if you rent more than one property)*

|                 |                |             |          |
|-----------------|----------------|-------------|----------|
| *TPIN           |                |             |          |
| *TITLE          | *FORENAME      | MIDDLE NAME | *SURNAME |
| PLOT/HOUSE NO.  | STREET         |             |          |
| *AREA           | P.O.BOX        |             |          |
| *TOWN           | *PROVINCE      |             |          |
| *COUNTRY        |                |             |          |
| LANDLINE NUMBER | *MOBILE NUMBER |             |          |
| EMAIL ID        |                |             |          |

**PART C – TAX AGENT DETAILS** *(Attach Authorization Letter)*

|  |                                  |   |   |   |   |   |   |   |   |   |   |
|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|
|  | Effective date of change         | D | D | / | M | M | / | Y | Y | Y | Y |
|  | Indicate only if amending detail |   |   | / |   |   | / | 2 | 0 |   |   |

25 IF YOU HAVE A TAX AGENT TO CONDUCT YOUR TAX AFFAIRS, FILL IN THEIR DETAILS BELOW

|                 |                |             |                          |  |
|-----------------|----------------|-------------|--------------------------|--|
| *TPIN           |                |             | *INCOME TAX ACCOUNT NAME |  |
| *TITLE          | *FORENAME      | MIDDLE NAME | *SURNAME                 |  |
| PLOT/HOUSE NO.  | STREET         |             |                          |  |
| *AREA           | P.O.BOX        |             |                          |  |
| *TOWN           | *PROVINCE      |             |                          |  |
| *COUNTRY        |                |             |                          |  |
| LANDLINE NUMBER | *MOBILE NUMBER |             |                          |  |
| EMAIL ID        |                |             |                          |  |

**PART D – DECLARATION** *(To be completed by an authorized person i.e. Proprietor, Partner, Director, Company Secretary)*

I \_\_\_\_\_ (Full name in block letters) declare that the information given in this application is true and complete.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CAPACITY OF SIGNATORY: \_\_\_\_\_

**INSTRUCTIONS**

- Select your business activity from the details below;

| <b>Nature of Activity</b>   |  |   |
|---|--|---|
| A. Agriculture, forestry and fishing                                    | H. Transportation and storage                        | O. Public administration and defense; compulsory social security  |
| B. Mining and quarrying   | I. Accommodation and food service activities         | P. Education  |
| C. Manufacturing  | J. Information and communication                     | Q. Human health and social work activities  |
| D. Electricity, gas, steam and air conditioning supply                  | K. Financial and insurance activities                | R. Arts, entertainment and recreation   |
| E. Water supply; sewerage, waste management and remediation activities  | L. Real estate activities                            | S. Other service activities   |
| F. Construction   | M. Professional, scientific and technical activities | T. Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use |
| G. Wholesale and retail trade; repair of motor vehicles and motorcycles | N. Administrative and support service activities     | U. Activities of extraterritorial organizations and bodies  |