



**INCOME TAX: APPLICATION FOR REGISTRATION AS TAXPAYER**  
**TAXPAYER CATEGORY: BUSINESS**

**TAXPAYER INFORMATION**

(1) \*Does the company have a Parent Company? Yes  No  \*if "yes" please complete the parent company details

Parent Company Country .....

TIN .....

Trade Name .....

Registration Trade Number .....

Registration Date .....

Financial Year end Month .....

Is the Company taken over? Yes  No

(2) \*Registered Trade Name .....

(3) \*Registered Trade Number .....

(4) \*Registration Date .....

(5) \*Turnover Size: > N\$ 75 Million  < N\$ 75 Million

(6) \*Financial Year end (Month) .....

(7) \*Is the Company take over? Yes  No

(8) \*Postal Address .....

(9) \*Residential Address .....

(10) \*Cellphone ..... Telephone: .....

(11) Email Address .....

**TAXPAYER INFORMATION**

- |   |  |
|---|--|
| (12) Taxpayer Type: <input type="checkbox"/> Companies and Close Corporation for Non-Mining | <input type="checkbox"/> Technical Assistance Agreement    |
| <input type="checkbox"/> Companies and Close Corporation for Diamond Mining                 | <input type="checkbox"/> Diplomatic / Consular Missions    |
| <input type="checkbox"/> Companies and Close Corporation for Other Mining                   | <input type="checkbox"/> Public International Organisation |
| <input type="checkbox"/> Companies and Close Corporation for Manufacturer                   | <input type="checkbox"/> Partnership                       |
| <input type="checkbox"/> Foundation   | <input type="checkbox"/> Joint Venture                     |
| <input type="checkbox"/> State Owned Enterprises  | <input type="checkbox"/> Non-profit Organisation           |

(13) Main Business Activity .....

(14) Other Business Activities .....

.....  
.....  
.....  
\*State whether the activity is "Active / Inactive"

(15) Date of Operation (Effective Date): .....

(16) Stakeholder (if applicable): Member / Shareholder details

Nationality	TIN	Name	ID / Registration Trade Number	Percentage of Contribution Interest	Contact Number

(17) Representative: Bookkeeper  Accounting Officer

TIN	Name	ID / Registration Number	Representing Entity	Practice No.	Contact Number

**BANKING DETAILS**

(18) Name of Bank ..... (19) Branch Name .....

(20) Branch Code ..... (21) Account Type .....

(22) Account No ..... (23) Account Holder .....

(24) Shared bank account? Yes  No

Submitted by .....

Capacity ..... TIN (if not associated) .....

Signature ..... Date .....

**NB: THE FOLLOWING DOCUMENTS ARE COMPULSORY**

- (1) Memorandum of Articles / Founding Statement
- (2) Banking confirmation letter
- (3) Confirmation letter from Bank / Three months Banking Statements
- (4) Letter of consent / Engagement Letter / Power of Attorney