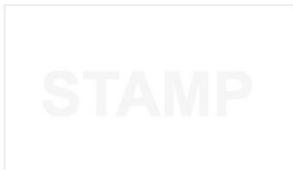




Eswatini Revenue Service

DOMESTIC TAXES DEPARTMENT

Portion 419 of Farm 50, Along MR103, Ezulwini



Postal Address: P.O. Box 5628 Mbabane, Eswatini Tel: (+268) 2406 4000 Contact Centre: (+268) 2406 4050 Website: www.ers.org.sz

DC 01

TAXPAYER DECLARATION FORM

The Taxpayer Declaration form must be completed by a taxpayer to declare non-involvement in any business operation.

BUSINESS DETAILS

Business Name [grid]
TIN [grid]

DETAILS OF DIRECTOR/SOLE TRADER

1. Name [grid]
2. TIN [grid]
3. Graded Tax [grid]
4. PIN [grid]
5. Contact Number [grid]
6. Email address [grid]

PLEASE TICK (✓) INSIDE THE APPLICABLE BOX

- Business never registered with Registrar of Companies/Commerce
Business has been Deregistered (Attach proof)
Resigned as Director (Attach proof)

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In the event the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it in line with the tax legislation.

Signature:..... Date:.....
Contact Number:

FOR OFFICE USE ONLY

(SERVICE CENTRE)
DATE RECEIVED.....
DATE ACTIONED.....
Officer's Name.....
Signature.....

(REGISTRATION)
DATE RECEIVED.....
DATE ACTIONED.....
Officer's Name.....
Signature.....

All correspondences should be addressed to the "ERS Commissioner General" and not to any officer by name