



**ZWS ISO 9001:2008 QUALITY MANAGEMENT SYSTEM**

**REV 1**

**ZIMBABWE REVENUE AUTHORITY  
APPLICATION FOR NEW REGISTRATION FORM**

**PART [I] NATURE OF APPLICANT**

**1. Select appropriate category**

**Individual**

**Organisation**

**Group**

**2. Type of Business**

Nature of applicant (*Tick the appropriate*)

Private Company	<input type="checkbox"/>
Public Company	<input type="checkbox"/>
No. of Branches	<input type="checkbox"/>
No. of Divisions	<input type="checkbox"/>
Number of Subsidiaries	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Schools	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>
Non Profit Making Organisation	<input type="checkbox"/>
Churches	<input type="checkbox"/>

Individual in business	<input type="checkbox"/>
Individual in employment	<input type="checkbox"/>
Association	<input type="checkbox"/>
Authority	<input type="checkbox"/>
Estate	<input type="checkbox"/>
Trust	<input type="checkbox"/>
Colleges	<input type="checkbox"/>
NGO	<input type="checkbox"/>
Association	<input type="checkbox"/>
Other ( <i>give details</i> )	<input type="checkbox"/>

**Part [II] PARTICULARS OF APPLICANT**

3. Registered Name ( <i>If an individual state surname first</i> )																					
4. Trade Name																					
5. Date of Incorporation/ Birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>																				
6. Date of Death (if applicable)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>																				



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7. Date of Commencement of Trade																				
8. Registration No. <i>(If Company insert Certificate of Incorporation Number, If individual insert national ID No.)</i>																				
9. Physical Address														GPS – Coordinates						
10. Postal Address																				
11. National Province																				
12. City/Town/Growth Point																				
13. Email Addresses																				
14. Telephone Number (s)																				
15. Fax Number																				
16. Cell Number (s)																				

**Part [III] REVENUE HEADS**

17. Indicate where appropriate

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

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

18. Industry Name	
19. Sector Name	

**PART [V] – BRANCH /DIVISION/OTHER INFORMATION**

20. List below particulars of branches, divisions or other businesses associated with this business	
Name of branch, division, subsidiary or Others	Physical Address
(i)	
(ii)	



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(iii)	
(iv)	

<b>21. Information on Shareholders/Members/Partners</b>	
(i) Number of Resident Shareholders/Members/Partners	
(ii) Number of Non-Resident Shareholders/Members/Partners	

<b>22. Shareholder's Details for Private Companies</b>				
Name	ID Number	Number of Shares	%age Sharehd	Type of Shares

<b>24. Details of Directors (attach schedule of all directors and their details as below)</b>									
<b>Name of Managing Director</b>									
<b>Business Partner Number</b>									
<b>Identification Number</b>									
<b>Executive/ non- Exec.</b>									
<b>Residential Address</b>									
<b>Telephone #</b>									
<b>Email Address</b>									
<b>% Shareholding</b>									

**PART [VI] – BANK DETAILS**

(attach schedule of other banks with details as below)

	<b>Bank 1</b>	<b>Bank 2</b>	<b>Bank 3</b>
25. Name of Bank			
26. Branch Name			
27. Type of Account			
28. Account Number			
29. Bank Balance			
30. Name of Account Holder			



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**PART [VII] – PARTICULARS OF REPRESENTATIVE** (Public Officer/ Liquidator /Executor/Administrator / Spouse *(if sole trader)*)

37. Business Partner Number									
38. Surname									
39. First Names									
40. National ID Number			-						
41. Resident Permit Number			-						
42. Physical Address									
43. Telephone Number(s)									
44. Fax Number									
45. Cell Number(s)									
46. E-mail address									

**SPOUSE BANK DETAILS – *Applicable to Sole Trader only***

	<b>Bank 1</b>	<b>Bank 2</b>	<b>Bank 3</b>
47. Name of Bank			
48. Branch Name			
49. Type of Account			
50. Account Number			
51. Bank Balance			
52. Name of Account Holder			

**PART [VIII] – PARTICULARS OF TAX CONSULTANT/TAX ADVISOR**

53. Registered Name	<i>(If an individual state surname first)</i>
54. Trade Name	<i>(If different from above)</i>
55. Registered Number	
56. Business Partner Number	
57. Physical Address	
58. Telephone Number(s)	
59. E-mail Addresses	

**PART [IX] – INFORMATION FOR VAT REGISTRATION**



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60.Type of VAT Registration	Compulsory <b>Registration</b>	<b>Voluntary Registration</b>
61.Approximate figures for	Past 12 Months	Next 12 Months
a. Taxable turnover		
b. Exempt turnover		
c. Value of Exports		
d. Value of imports		
<b>62. Assets at the time of registration</b>	<b>Approximate Value \$</b>	
a. Stocks of materials for manufacture or goods for resale		
b. Motor vehicles		
c. Furniture and Fittings		
d. Equipment		
e. Plant and Machinery		
f. Fixed Property		
g. Other ( <i>Please specify</i> )		

**PART [X] – INFORMATION FOR PAYE REGISTRATION**

63.Number of Payrolls	
64.Payroll Developer	
65.F.D.S Method used	Average                      Forecasted
66.Number of Employees (Excluding directors)	
67.Number of Directors/Partners/Member/Individuals	
68.Number of Working Directors	

**PART [XI] – ATTACHMENTS**

<i>For whom required</i>	<i>Submit the following information where applicable</i>
Registered Company	Certified Copy of Certificate of Incorporation
	Certified Copy of Memorandum and Articles of Association
	Certified Copy of current bank statement
	Certified Copy of Identity documents, physical addresses and proof of residence for 2 directors
	CR14 ; CR6 Letter of Appointing Public Officer/ Representative Proof of residence for Public Officer/ Representative



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	Certified Copy of Identity documents for Public Officer/ Representative
Individual	Letter of Appointing Public Officer/ Representative
	Proof of residence of representative
	Copy of current bank statement
Other Organizations	Partnership deed
	Constitution
	Proof of residence of representative
	Letter of Appointing Public Officer/ Representative
	Copy of current bank statement

**PART XII – 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) hereby declare that the information given herein is correct and hereby apply for registration.

Designation.....Date .....

Signature.....