

ZIMBABWE REVENUE AUTHORITY



APPLICATION FOR MANUAL CLEARANCE BY PROFESSIONALS IN FULLTIME EMPLOYMENT

This application shall be completed by Professionals who are fulltime employees of companies or any organization before they apply for licensing by their Professional Body

Details of Employer

Name of Employer:

TIN:

Physical address:

Email Address:

Phone Number:

Details of Employee

Name of Employee:

Employee Number:

NR Number:

Professional Body affiliated to:

Please Respond to Questions below:

1. Are you registered for Tax? Yes/No If Yes provide details below

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2. Do you carryout out any trade activities besides being employed by current employer? Yes/No

If Yes Provide details

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3. Are you providing services similar or the same as you are providing to your current employer to any other person? Ye/No

If Yes Provide details

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4. Do you lease out any premises or assets in return for rent or any other remuneration or favor Yes/NO

If Yes Provide details

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I swear that the information given in this application is the honest truth:

Name:.....**Signature:****Date:**.....

Checking Officer's Comments.....

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Name..... Signature..... Date.....

Supervisor's Recommendations.....

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Recommended/Not Recommended

Name..... Signature..... Date.....

Manager's Comments.....

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Approved/Disapproved

Name..... Signature..... Date.....

Collected by: Signature.....

