



New Applicational

Additional Access

Change of Particulars

Annual Re-Application

Applicant Information

Organisation

Department

Interface directory name

Activation date (CCYYMMDD)

Contact Person Information

Surname Initials

First Two Names Date of Birth (CCYYMMDD)

ID No. Passport No. Passport Country (e.g. South Africa = ZAF)

Bus Tel No. Fax No. Cell No.

Email address

Registered Address

Unit No. Complex (if applicable)

Street No. Street / Farm name

Suburb / District

City / Town

Country code (e.g. South Africa = ZA) Postal Code

Declaration

- I declare that the particulars stated are true and correct to the best of my knowledge and belief.
- I acknowledge and accept the terms and conditions.

Date (CCYYMMDD)

For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Please ensure you sign over the 2 lines of "X"s above

Postal Address

Mark here with an "X" if same as above or complete your Postal Address

Country code (e.g. South Africa = ZA) Postal Code

Note:

Data encryption software and installation procedures are provided by SARS after successful registration. Software required for the creation of the data files to be transmitted to SARS, or for processing response files received from SARS, is not provided by SARS. Specifications containing the applicable file formats may be downloaded from the SARS web site at www.sars.gov.za.

Technical Persons Information

Technical Person #1

Surname	<input type="text"/>	Initials	<input type="text"/>
First Two Names	<input type="text"/>		
Bus Tel No.	<input type="text"/>	Cell No.	<input type="text"/>
Email address	<input type="text"/>		

Technical Person #2

Surname	<input type="text"/>	Initials	<input type="text"/>
First Two Names	<input type="text"/>		
Bus Tel No.	<input type="text"/>	Cell No.	<input type="text"/>
Email address	<input type="text"/>		

Client Site

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>		
Country code (e.g. South Africa = ZA)	<input type="text"/>	Postal Code	<input type="text"/>

Access Type

Please indicate the access type required: CD Internet

Interface Informaton

Please indicate the activation date for each type of interface. The available interfaces are as follows:

Interface	Activation Date (CCYYMMDD)
Directives	<input type="text"/>
IT3 Extracts	<input type="text"/>
Medical	<input type="text"/>
Insurance	<input type="text"/>
Human Resource	<input type="text"/>

