

Application for a Tax Directive: Section 8A or 8C amount

IRP3(s)

Any amount to be included under section 8A or 8C of the Income Tax Act

FUK U		GE U	JE																											
Application no).																													
Тахра	yer	^r Detai	ils																											
Taxpayer reference no.											Year of	Assess	sment e	nded on (CCYYMI	MDD)														
Surname																														
First Name(s)																														
Other Name																														
Initials]	Date of B (CCYYMI	irth MDD)														Identity Numbe	er [
Passport/ Permit no.												Pa	assport	Country /	Country	of Origin	(e.g. So	outh Afr	rica = ZA	F)										
Annual R Salary] , [Е	mploye	e number																
Residen	tial	Addres	ss																											
																									Postal Co	ode				
Postal A	ddre	ss																												
																									Postal Co	ode				
Partic	ula	rs of	Empl	oyer																										
PAYE Reference No	7																													
Name of Employer																													\top	
Contact Person																														
					·																								T	
Tel No.						\pm]					1			-										 		
Email address of Employer	5					$\frac{}{}$, 																			\top	
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Particulars of Employer (continued)											
Business Address											
		Postal Code									
Postal Address											
		Postal Code									
Amount Details											
Mark the applicable reason for the directive application request with an X: Revenue gain i.r.o rights to acquire marketable securities in terms of section 8A Amounts in terms of par (ii) of the proviso to section 10(1)(k)(i) dividends Date of accrual (CCYYMMDD) Is the Employee a tax resident? Yes No Is the exemption in terms of section 10(1)(o)(ii) applicable? Yes No	Revenue gain i.r.o the vesting of equity instruments in terms of section 8C Amounts in terms of par (jj) of the proviso to section 10(1)(k)(i) dividends	Amounts in terms of par (dd) of the proviso to section 10(1)(k)(i) dividends Amounts in terms of par (kk) of the proviso to section 10(1)(k)(i) dividends									
Indicate the qualifying 12 months period(s) during which the exemption in te	ms of section 10(1)(o)(ii) annies:										
Start date (CCYYMMDD) Total number of work days during above qualifying period:	End date (CCYYMMDD) Number of work days outside SA during above qualifying period										
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Amount Details ((continued)											
Start date (CCYYMMDD)			End date (CCYYMMDD)									
Total number of work period	k days during above qualifying		Number of work days outside SA during above qualifying period									
Please provide source perio	od relating to the section 8A/8C	revenue gain:										
Start date (CCYYMMDD	0)		End date (CCYYMMDD)									
Total number of wor	rk days during source period		Number of work days outsi	de SA during source period								
Gross value of gain/amount				R								
Year of Assessment in source period	Total work days in source period during YOA	Total work days outside SA in source period during YOA		ual for sec 10(1)(o)(ii) calcu ys in yoa / Tot. work days ir	lation n source period X Gross	gain amount						
			R			, L						
			R			<u> </u>						
			R									
			R									
			R									
			R									
Total			R									
Year of Assessment in source period	How much of the exemption was	s used during each year of asse:	ssment up to date of vesting?	Po (To	rtion of the gain qualifyir ot. work days outside SA	ng for exemption	vs in source period X G	Gross gain amount)				
III source period	R			R								
	R			R								
	R		, , ,	R				,				
								,				
	R _			R				,				
	R		,	R				<u> </u>				
	R		,	R								
Total	R		, .	R								
		Total Gross value of gain	less gain qualifying for exemption	n = taxable portion R								

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Amount Details (continued)	
Exempt amount of the gain/amount under section 10(1)(o)(ii)	[(Number of work days outside / Total number of work days) X Gross Value] R , , , , , , , , , , , , , , , , , ,
Taxable portion of gain/amount	R , , ,
Declaration	
I declare that the information furnished is true and correct in every respect.	Date (CCYYMMDD) For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)

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