

Request by Non-Resident for a Refund of South African Tax for Pension and Annuities in terms of a Double Taxation Agreement

RST02

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Postal Code

Form to be completed by a resident of a foreign country who claims a refund from South African (SA) tax in respect of pension and annuities in terms of a Double Taxation Agreement. For a directive please complete the RST01 form.

This form, when completed, should be taken to your local tax office for certification in your country of tax residence. Once certified post the original form to the South African Revenue Service (SARS): Private Bag x923, Pretoria, 0001 or attach it to your Notice of Objection (NOO) For each source of Pension/Annuity, complete the relevant schedule.

For each source of Pension/Annuity, cor	npiete the relevant schedule.		
Applicant Details - Indi	vidual		
Country of Tax Residence National Identification Number in Country of Tax Residence			
Surname			
First Name			
Other Name			
Initials	Date of Birth (CCYYMMDD)	SA ID No.	Tick here if you do not have a SA ID number:
Country of Birth			
Taxpayer Reference Number(s)			
South African Taxpayer Reference No.		Foreign Taxpayer Identification Number in country of Tax Reside	ence
Contact Details			
Fixed Line Telephone No.		Mobile No.	
Email			
Physical Address			
Unit No.	Complex (if applicable)		Declaration by Applicant
Street No.	Street / Farm Name		I declare that the information furnished in this return
Suburb / District			is true and correct in every respect.
City / Town		Country code	Date (CCYYMMDD)
B 110 1			Signature

Postal Address							
Mark here with an "X" if same as your physical address or complete your Postal Address	Is your Postal Address a Street Address? Y	N	Mark here with an "X" if this is a "care of" address				
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)							
PO Box Private Bag C	Other PO Special Service (specify)	Number					
Post Office			Country Code				
Postal Code							
Unit No.	Complex (if applicable)						
Street No.	Street / Farm Name						
Suburb / District							
City / Town			Country code				
Postal Code							
Certificate by Country of Tax F	Residence						
To be completed by the relevant Tax Office in your country	of tax residence.						
Name of applicant							
Tax reference number							
Year from which you were a tax resident (CCYY):							
Name of Country							
Tax official: Surname				Tax Official: Initials			
Tax Official: Designation				maus			
Declaration (by the Relevant Tax O	Office in the Country of Tax Residence)						
I hereby certify that the applicant is a resident and is liable to taxes in this country under the reference number stated above (if applicable)							
Date (CCYYMMDD)	Official Stamp						
	Signature						
		_					

Refund Information			
Refund Information #	<u>t</u>		
Period for which a refund is	s sought:	Date From: (CCYYMMDD) Date To: (CCYYMMDD)	
Was the amount subject to tax in the	e country of reside		Y N If the amount was taxed in the country of residence attach proof thereof. If not, provide reasons below:
Schedule for Pens	ion and/or	Annuities	
Type of Income			
Indicate the type of Income:	Pension		Number of Refunds
madate the type of moonie.	Annuity		Number of Refunds
	Ailluity		Number of Returns

Note: Please attach your IRP5/IT3(a) certificate Pension in terms of Double Taxation Agreement
Pension in terms of Double Taxation Agreement
Details of the Fund
ame of Fund
ature of ension nature of Pension is 'Other' please specify below:
ember's Pension/ olicy No. AYE reference umber of the fund lease tick here to indicate that you will attach your IRP5/IT3(a) certificate to this form
s this a pension attributable to past membership of an occupational fund? Y N If 'Y' complete the "History of Employment while a contributing member of an occupational fund" section.
History of Employment while a Contributing Member of the Occupational Fund
ate From: Date To: Name of CCYYMMDD) CCYYMMDD) Name of
ntributions R ,

Schedule: Annuity				
Note: Please attach your IRP5/IT3(a) certificate				
Annuity in terms of Double Taxation	Agreement			
Details of Retirement Fund or Insurer				
Name of Fund				
Nature of Annuity If nature of Annuity is 'Other' please specify below:				
Member's Pension/				
Policy No. PAYE reference number of the fund				
Please tick here to indicate that you will attach your IRP5/IT3(a) of	certificate to this form			
Is this a annuity attributable to past membership of an occupation	nal fund? Y N If 'Y' complete the "H	istory of Employment while a contributing member of an occupation	nal fund" section.	
History of Employment while a (Contributing Member of the Occ	supational Fund		
Date From: (CCYYMMDD)	Date To: (CCYYMMDD)	Name of Country		
Contributions R	,			

Bank Account Details						
Please be advised that all of the following information is attach the following: Stamped copy of bank statement (1 ST page only) – m Proof of residential address Copy of client's ID/Passport			nt's funds abroad. Please			
Account No.						
Branch No./ Sorting Code		Account Type:	Cheque	Savings Transmission	Required Currency	
Swift/BIC Code				IBAN Number for UK and European countries		
Bank Name						
Branch Name						
Name of Account Holder/ Beneficiary						
Physical Address of Bank						
Unit No.	Complex (if applicable)					
Street No.	Street / Farm Name					
Suburb / District						
City / Town				Country code		
Postal Code						