



ONE STOP SHOP

REGISTRATION FORM

APPLICATION FOR TAX REGISTRATION, EMPLOYER REGISTRATION FOR NATIONAL PENSION SCHEME AUTHORITY, AND MICRO AND SMALL ENTERPRISES REGISTRATION FOR THE ZAMBIA DEVELOPMENT AGENCY

(Complete this form in block letters)

PART A – TYPE REGISTRATION

1 *WHAT ARE YOU REGISTERING FOR? *(Tick applicable box)*

TPIN PAYE INCOME TAX VAT NAPSA EMPLOYER ZDA MSE

PART B – TPIN REGISTRATION

SECTION A – PERSONAL DETAILS *(This Section applies to individual applicants)*

2 *SURNAME

3 *FORENAME (S)

4 *TITLE (Mr. Mrs. Ms. etc)

5 *CITIZENSHIP *(Tick appropriate box)*

ZAMBIAN NON ZAMBIAN

6 *COUNTRY OF RESIDENCE

7 *NRC No. *(For individual Citizens & Residents)*
(Attach copy of NRC)

8 *PASSPORT No. *(For non Citizens & Residents)*
(Attach copy of Passport)

SECTION B – BUSINESS DETAILS *(If you are in business, fill this Section)*

9 *BUSINESS NAME

10 *TRADING NAME

FOR OFFICIAL USE	
BUSINESS REGISTRATION No	DATE OF BUSINESS OF BUSINESS REGISTRATION
<input type="text"/>	<input type="text"/>

11 DATE STARTED/PLAN TO START EMPLOYING

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12 *NATURE OF BUSINESS

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FOR OFFICIAL USE			
TRADE CLASS CODE			

13 *TYPE OF TAXPAYER (Tick appropriate box)

Company (Resident) <input type="checkbox"/>	Company (Other) <input type="checkbox"/>	Partnership <input type="checkbox"/>	Club, Association, Society, etc <input type="checkbox"/>
Individual (Resident) <input type="checkbox"/>	Individual (Other) <input type="checkbox"/>	Govt. Ministry or Agency <input type="checkbox"/>	Other <input type="checkbox"/>

**Mandatory Fields that must be filled*

SECTION C – GENERAL DETAILS (All applicants, Individual and Business to complete this Section)

14 ADDRESS DETAILS (Attach sketch map of physical address)

*PLOT/HSE NO.		P.O. BOX	
STREET		TOWN	
AREA		PROVINCE	
*TOWN		*FAX NUMBERS	
*PROVINCE		E-MAIL ADDRESS	
*TELEPHONE NUMBERS		MOBILE NUMBERS	
POST CODE		POST CODE	

15 DETAILS OF YOUR PRINCIPLE CONTACT PERSON

*NAME (in full)		P.O. BOX	
*POSITION		TOWN	
*PHONE NUMBERS		PROVINCE	
FAX NUMBERS		E-MAIL	
MOBILE NUMBERS			

16 BANK DETAILS (Attach Bank Statement)

	BANK NAME	ACCOUNT TYPE	BRANCH NAME	ACCOUNT NO.	ACCOUNT HOLDER
1					
2					
3					
4					

17 SOURCE OF CAPITAL

18 AMOUNT OF CAPITAL (K)

PART C – PAYE REGISTRATION, NAPSA EMPLOYER REGISTRATION

19 NUMBER OF EMPLOYEES

End of Part C for NAPSA Employer Registration

20 INDICATE AVERAGE RANGE OF YOUR EMPLOYEES' EARNINGS

MINIMUM (K)

MAXIMUM (K)

21 WHEN ARE PAYMENTS MADE? *(Tick appropriate box)*

WEEKLY

MONTHLY

QUARTERLY

ANNUALLY

22 HAVE YOU PREVIOUSLY OPERATED PAYE FOR YOUR EMPLOYEES?

YES

NO

23 IF YES, GIVE FULL NAMES AND ADDRESS OF YOUR PREVIOUS BUSINESS, PAYE REF. NO. AND THE DATE IT CEASED

NAME		PAYE REF. NO.	
P.O. BOX		DATE CEASED	
TOWN			

PART D – COMPANY/PARTNERSHIP REGISTRATION *(If Partnership, ignore fields 34 and 35 and complete TPIN 2 form)*

24 TYPE OF BUSINESS *(Tick appropriate box)*

PUBLIC LIMITED

PRIVATE LIMITED

PARTNERSHIP

(ATTACH ARTICLES OF ASSOCIATION/PARTNERSHIP DEED/FORM 2 FROM PACRO)

25 NUMBER OF SHARES

26 TYPE OF SHARES *(Tick appropriate box)*

ORDINARY

PREFERENTIAL

PART E – VAT REGISTRATION (Complete VAT Knowledge confirmation form and attach the relevant VAT registration requirements)

27 TURNOVER AND IMPORT FIGURES

	LAST 12 MONTHS	NEXT 12 MONTHS
TAXABLE TURNOVER		
EXEMPT TURNOVER		
VALUE OF EXPORTS		
VALUE OF IMPORTS		

FOR OFFICIAL USE													
K Million	TAXABLE TURNOVER												
K Million	EXEMPT TURNOVER												
K Million	D Figure (Assets)												

FOR OFFICIAL USE							
D	D	M	M	Y	Y	Y	Y
E.D.R.							

FOR OFFICIAL USE	
TAX CYCLE	

PART F – ZDA MICRO AND SMALL ENTERPRISES REGISTRATION (Optional)

28 BUSINESS DESCRIPTION (Existing or proposed activities the business will be involved in):

29 MAIN PRODUCTS AND SERVICES:

30 SECTOR

31 SUB SECTOR

32 PROJECTION OF TURNOVER PER ANUM ZMK

PART G – DECLARATION *(To be completed by an authorized person i.e. Proprietor, Director, Company Secretary)*

I _____ (Full name in block letters) declare that the information given in this application is true and complete

SIGNATURE: _____ DATE: _____

CAPACITY OF SIGNATORY: _____

PART H – FOR OFFICIAL USE

SECTION A – APPROVAL OF REGISTRATION *(To be completed by approving ZRA Officers)*

	TAX TYPE	APPROVED?		APPROVED BY	SIGNATURE	DATE APPROVED
		YES	NO			
A	TPIN					
B	PAYE					
C	COMPANY/PARTNERSHIP					
D	VAT					

SECTION B – ASSIGNMENT OF REGISTRATION NUMBERS *(To be completed by ZRA Data Entry Operator)*

	TAX TYPE	REGISTRATION NUMBER	NAME	SIGNATURE	DATE
A	TPIN				
B	PAYE				
C	COMPANY/PARTNERSHIP				
D	VAT				

SECTION C – ASSIGNMENT OF NAPSA ACCOUNT NUMBER *(To be completed by NAPSA officer)*

DATE	ACCOUNT NUMBER	APPROVED BY	SIGNATURE

SECTION D – APPROVAL OF MSE REGISTRATION *(To be completed by ZDA officer)*

DATE	NUMBER	APPROVED BY	SIGNATURE

Sketch Map of Physical Address