



**REPUBLIC OF NAMIBIA**

MINISTRY OF FINANCE – INLAND REVENUE

**INCOME TAX: APPLICATION FOR REGISTRATION AS TAXPAYER**

**TAXPAYER CATEGORY: INDIVIDUAL**

**TAXPAYER INFORMATION**

1. \*FIRST NAMES: .....
2. \*SURNAME: .....
3. \*REGISTERED TRADE NAME (If applicable).....
4. \*DATE OF BIRTH: .....
5. \*NATIONALITY: .....
6. \*POSTAL ADDRESS: .....
7. \*RESIDENTIAL ADDRESS: .....
8. \*CELLPHONE: ..... TELEPHONE: .....
9. EMAIL ADDRESS: .....
10. \*GENDER: MALE  FEMALE  11. RESIDENCY: RESIDENT  NON-RESIDENT
12. \*ID TYPE: ID CARD  PASSPORT  BIRTH CERTIFICATE  ASYLUM PERMIT
13. ID/PASSPORT/ASYLUM PERMIT NO: .....
14. \*MARITAL STATUS:  Single \* IF MARRIED, PLEASE COMPLETE SPOUSE'S DETAIL  
 Married In Community of Property  
 Married Out of Community of Property  
 Divorced  
 Widow/Widower
- |  |
|--|
| FIRST NAME: .....<br>SURNAME: .....<br>DATE OF MARRIAGE: ..... TIN: .....<br>ID/PASSPORT NO.: .....<br>CELLPHONE NO.: .....<br>E-MAIL: ..... |
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**TAX TYPE INFORMATION:**

15. TAXPAYER TYPE:  Individual for Salaried Person/Pensioner  
 Individual for Farmer and Business  
 Individual for Farmer  
 Individual for Business  
 Other Individual (Provisional)  
 Individual below (Threshold)
17. OCCUPATION: .....
16. OTHER SOURCE OF INCOME: .....
18. DATE OF EMPLOYMENT: .....
- 19 REPRESENTATIVE: REPRESENTATIVE TYPE      REPRESENTATIVE TIN      CONTACT NUMBER
- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> BOOKKEEPER         | ..... | ..... |
| <input type="checkbox"/> ACCOUNTING OFFICER | ..... | ..... |
| <input type="checkbox"/> EMPLOYER           | ..... | ..... |



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**BANKING DETAILS:**

NAME OF BANK: ..... BRANCH NAME: .....

BRANCH CODE: ..... ACCOUNT TYPE: .....

ACCOUNT NO: ..... ACCOUNT HOLDER: .....

SHARED BANK ACCOUNT? YES  NO

**SUBMITTED BY:** ..... **CAPACITY:** ..... **TIN (if not owner):** .....

**SIGNATURE:** ..... **DATE:** .....

NB: THE FOLLOWING DOCUMENTS ARE COMPULSORY

1. CERTIFIED COPY OF THE IDENTITY DOCUMENT/PASSPORT/BIRTH CERTIFICATE/ASYLUM PERMIT
2. BANKING CONFIRMATION LETTER