



RETURN FOR PAYMENT OF NON-RESIDENT SHAREHOLDERS TAX

ALWAYS MENTION THIS FILE IDENTIFICATION NUMBER IN YOUR CORRESPONDENCE AND AT INTERVIEWS

OFFICE OF REGISTRATION →

(ONLY COMPLETE BLOCKS IN INK WHERE PARTICULARS ARE MISSING OR HAVE CHANGED. USE CAPITAL LETTERS, AND WHERE APPLICABLE.)

BUSINESS/PERSONAL PARTICULARS	
REGISTERED/ TAXPAYER NAME	<input type="text"/>
TRADE NAME	<input type="text"/>
REGISTRATION NO.	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>

NON-RESIDENT SHAREHOLDERS TAX		YEAR	MONTH	
I CERTIFY THAT THE PARTICULARS PROVIDED ARE CORRECT		<input type="text"/>	<input type="text"/>	
NAME	CAPACITY	TAX		
SIGNATURE	DATE	INTEREST		
CONTACT DETAILS		PENALTY		
EMAIL ADDRESS	CELLPHONE NO.	TELEPHONE NO.	AMOUNT PAYABLE	

NON-RESIDENT SHAREHOLDERS TAX SHOULD BE PAID OVER TO THE RECEIVER OF REVENUE WITHIN 20 DAYS AFTER THE END OF THE MONTH DURING WHICH THE AMOUNT WAS WITHHELD.

DO NOT DETACH

RECEIPT NON-RESIDENT SHAREHOLDERS TAX		YEAR	MONTH
FILE IDENTIFICATION NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
REGISTERED NAME	<input type="text"/>	TAX	
TRADE NAME	<input type="text"/>	INTEREST	
POSTAL ADDRESS	<input type="text"/>	PENALTY	
		AMOUNT PAYABLE	

THIS RECEIPT IS NOT VALID UNLESS CASH REGISTER FIGURES ARE PRINTED HEREON

DO NOT DETACH

RECEIPT NON-RESIDENT SHAREHOLDERS TAX		YEAR	MONTH
FILE IDENTIFICATION NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
REGISTERED NAME	<input type="text"/>	TAX	
TRADE NAME	<input type="text"/>	INTEREST	
POSTAL ADDRESS	<input type="text"/>	PENALTY	
		AMOUNT PAYABLE	

THIS RECEIPT IS NOT VALID UNLESS CASH REGISTER FIGURES ARE PRINTED HEREON

**RETURN FOR PAYMENT OF NON-RESIDENT
SHAREHOLDERS TAX**

6-0/0321

REGISTERED NAME	FILE IDENTIFICATION NUMBER	YEAR	MONTH
		TAX PERIOD	

PLEASE USE THE FOLLOWING BANK DETAILS WHEN PAYING BY BANK TRANSFER OR DIRECT DEPOSIT.

INLAND REVENUE BANKING DETAILS			
BANK	BANK OF NAMIBIA	BRANCH CODE	980-172
ACCOUNT NAME	RECEIVER OF REVENUE	TYPE OF ACCOUNT	CURRENT
ACCOUNT NO.	165 001	REFERENCE NO.	

THIS REFERENCE NUMBER SHOULD BE CLEARLY STATED ON THE BANK TRANSFER OR DIRECT DEPOSIT SLIP.

RATE OF TAX

THE RATE OF TAX IS:

- (A) 10 PERCENT OF THE AMOUNTS SPECIFIED IN SECTION 42 IF THE BENEFICIAL OWNER IS A COMPANY WHICH HOLDS DIRECTLY OR INDIRECTLY AT LEAST 25 PERCENT OF THE CAPITAL OF THE COMPANY PAYING THE DIVIDENDS; OR
- (B) 20 PERCENT OF THE AMOUNTS SPECIFIED IN SECTION 42 IN ALL OTHER CASES.

NON-RESIDENT SHAREHOLDER DETAILS

NAME OF NON-RESIDENT SHAREHOLDER	ADDRESS	TREATY COUNTRY Y/N	DATE DIVIDENDS DECLARED	DIVIDENDS DECLARED	NATIONALITY OF RECIPIENT	COUNTRY OF RESIDENCE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

TOTAL N\$

I DECLARE THAT THE PARTICULARS PROVIDED ARE CORRECT.

NAME	CAPACITY	SIGNATURE OF AUTHORISED PERSON/ PUBLIC OFFICER/AGENT	DATE

THIS RETURN MUST BE RENDERED AND PAID BY:

- (A) THE COMPANY WHICH IN TERMS OF SECTION 44(1)(A) OR (C) IS REQUIRED TO PAY TAX ON ANY DIVIDEND SHALL PAY TAX DUE ON SUCH DIVIDEND WITHIN TWENTY DAYS OF THE DATE ON WHICH THE DIVIDEND IS PAYABLE.
- (B) AN AGENT BY WHOM THE TAX IS PAYABLE IN TERMS OF SECTION 44 WITHIN TWENTY DAYS OF THE DATE OF DELIVERY OF THE DIVIDEND WARRENT OR CHEQUE IN PAYMENT OF THE DIVIDEND AT HIS ADDRESS.

REGIONAL OFFICES

<p>WINDHOEK Receiver of Revenue, Molke St., Private Bag 13185, Windhoek Tel.: (061) 209 2644/5 Fax: (061) 209 2001</p>	<p>OSHAKATI Receiver of Revenue, Dr. Agostino Neto St., Private Bag 5548, Oshakati Tel.: (065) 229 728/9 Fax: (065) 221 190</p>	<p>KEETMANSHOOP Receiver of Revenue, Hampie Plichta Ave., Private Bag 22151, Keetmanshoop Tel.: (063) 220 1000 Fax: (063) 244 863/222 041</p>	<p>WALVIS BAY Receiver of Revenue, Cnr. Sam Nujoma Ave. & 14th Rd., Private Bag 5027, Walvis Bay Tel.: (064) 208 6073/4/5 Fax: (064) 208 6100</p>	<p>OTJIWARONGO Receiver of Revenue, Cnr. Dr. Libertine Amathila Ave. & Frans Indongo St. P.O. Box 2127, Otjiwarongo Tel.: (067) 300 400 Fax: (067) 300 401</p>	<p>RUNDU Receiver of Revenue, Markus Siwarongo St., Private Bag 2117, Rundu Tel.: (066) 265 030 Fax: (066) 256 546</p>	<p>KATIMA MULILO Receiver of Revenue, Ngoma Rd., Boma, Private Bag 1029, Ngweze Tel.: (066) 252735/53 Fax: (066) 252777</p>
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