



REV 2

**ZIMBABWE REVENUE AUTHORITY
INFORMATION REQUIRED TO UPDATE CLIENT'S MASTER DATA**

Current BP Number	
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Part [I] PARTICULARS OF APPLICANT			
1.Registered Name			
2.Trade Name			
3.Physical Address			
4. Postal Address			
5 (a).Region		5(b) Station	
6.Email Addresses			
7. Telephone Number (s)			
8. Fax Number			
9.Cell Number (s)			

Part [II] INDUSTRY DETAILS – SELECT FROM THE SCHEDULE BELOW

1.Industry Name			2.Industry Code	
3.Sector Name			4.Sector Code	

PART [III] – BRANCH /DIVISION/OTHER INFORMATION

List below particulars of branches, divisions or other businesses associated with this busin



Name of branch, division or business	Physical Address
(i)	
(ii)	

PART [IV] DETAILS OF SHAREHOLDERS FOR PRIVATE COMPANIES

<u>Name</u>	<u>ID Number</u>	<u>Number of Shares</u>	<u>%age Shareholding</u>	<u>Type of Shares</u>

PART [V] Details of Directors (List All)

	1	2	3	4	5	6	7	8
Name of Director								
Identification Number								
Executive/ non- Exec.								
Residential Address								
Telephone #								
Email Address								
% Shareholding								

PART [VI] – BANK DETAILS

<i>The bank account to be in the name of the legal person or trading name. List all Bank Accounts.</i>					
	<u>Bank 1</u>	<u>Bank 2</u>	<u>Bank 3</u>	<u>Bank 4</u>	<u>Bank 5</u>
Name of Bank					
Branch Name					
Type of Account					



Account Number					
Bank Balance					
Name of Account Holder					

PART [VI] SPOUSE BANK DETAILS

	<u>Bank 1</u>	<u>Bank 2</u>	<u>Bank 3</u>	<u>Bank 4</u>	<u>Bank 5</u>
Name of Bank					
Branch Name					
Type of Account					
Account Number					
Bank Balance					
Name of Account Holder					

PART [VII] – PARTICULARS OF REPRESENTATIVE TAXPAYER

Public Officer	Liquidator	Executor	Administrator	Spouse (if sole trader)
Surname				
First Names				
National ID Number		-		
Resident Permit Number		-		
Physical Address				
Telephone Number(s)				
Fax Number				
Cell Number(s)				
E-mail address				

PART [VIII] – PARTICULARS OF ACCOUNTANT/BOOKKEEPER

Registered Name	<i>(If an individual state surname first)</i>
Trade Name	<i>(If different from above)</i>
Registered Number	<i>(If an individual national ID)</i>
Business Partner Number	
Physical Address	
Telephone Number(s)	
E-mail Addresses	



PART [IX] – INFORMATION FOR FISCALISATION REGISTRATION

Details of the Fiscalised Electronic Register	Fiscalised Electronic Register	Fiscalised Printer	Fiscalised Electronic Signature Device	Prototype
Make				
Model				
Internal/External GPRS				
Date of Manufacture				
Serial Number				
Name of Manufacturer				
Name of Supplier				
Quantity				
Physical Location				
Inspection Date and Time				

PART X – DECLARATION (Mandatory fields)

Warning: *It is an offence to provide false information*

<p>I..... (full name) hereby declare that the information given herein is correct</p> <p>Designation.....Date</p> <p>Signature.....</p>
