



Confirmation of Residential / Business Address

Type: Individual

Trust

Company / CC

CRA01

Personal Details of Taxpayer Requesting Change or Confirmation of Residential Address

INDIF01

Surname

First Two Names

Initials Date of Birth (CCYYMMDD) ID No. Taxpayer Reference No.

Passport No. Passport Country (e.g. South Africa = ZAF)

Home Tel No. Bus Tel No. Cell No.

Contact Email

Details of Entity Requesting Change or Confirmation of Business Address

CMPIF01

Registered Name

Trading Name

Registration No. Taxpayer Reference No.

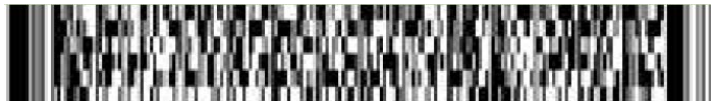
Bus Tel No. Cell No.

Contact Email

CRA01

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NO XXXXXXXXXXXX



P XXXXXX

Y XXXX

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Personal Details of Person Providing Proof of Residential Address

CHNIF01

Surname																														
First Two Names																														
Initials						Date of Birth (CCYYMMDD)						ID No.						Home Tel No.												
Passport No.											Passport Country (e.g. South Africa = ZAF)			Bus Tel No.																
Relationship to Taxpayer																														
Contact Email																														

Registered Address

Unit no.					Complex (if applicable)																									
Street no.					Street/Name of farm																									
Suburb/District																														
City/Town																														
Country code (e.g. South Africa = ZA)			Postal code																											

Note: Certified copy of identity document/passport/driving licence or a temporary identity document/passport/driving licence must accompany the declaration, where the third party is verifying the address of the taxpayer. (Verify)

Declaration

- I hereby declare that the residential / business address mentioned above is true and correct.
- I confirm that the taxpayer reflected, resides / carries on business at the aforementioned address.
- I confirm that a certified copy of my identity document / passport / driving licence or a temporary identity document / passport / driving licence was produced to verify the residential / business address and is attached hereto. (Verify)

XXXXXXXXXX
XXXXXXXXXX

Please ensure you sign over the two lines of "X"s above

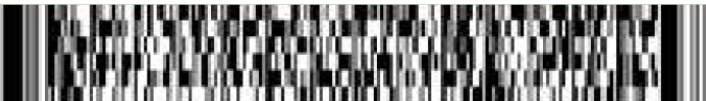
For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)

Date (CCYYMMDD)

CRA01

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