

APPLICATION FOR BRANCH REGISTRATION MAOMBI YA USAJILI WA TAWI

BRANCH SUPPLEMENTARY INFORMATION TAARIFA YA ZIADA ZA TAWI

(This form must be filled in Capital letters/ Fomu hii lazima ijazwe kwa herufi kubwa) (Please put a tick symbol 💆 in a box to indicate a selection/ Tafadhali weka alama ya 🏲 kwenye kisanduku kuonyesha uchaguzi)

Branch Details/ Taarifa za Tawi:

1. For Non-Individual Applicant/ Kwa Waombaji wa	asio Binafsi			
Company Name/				
Jina la Kampuni				
2. For Individual Applicants/ Kwa Waombaji Binafs	si			
Name of Applicant:/Jina la Mwombaji Mr/ Bwana	Mrs / Bibi Ms/ Bi			
First Name/ Jina la Kwanza	Middle Name/ Jina la Pili Surname/ Jina la Ukoo			
Date of Birth/ Tarehe ya Kuzaliwa (DDMMYYYY)				
3.				
Company/Individual TIN.				
TIN ya Kampuni/ Mtu Binafsi				
3.				
Branch Name/ Jina la Tawi				
4. Branch Postal address/ Anuani ya Posta ya Tawi:				
P. O. Box / S.L.P	Postal City / Jina la Mji			
5. Physical Address/ Anuani ya sehemu ya biashara:				
Plot number/ Namba ya kiwanja	Block number/ Namba ya Kitalu			
Street or Location/ Jina la Mtaa au Eneo				
Region or City / Mkoa au Jiji	Town/ Wilaya au Mji			
6. Contact Numbers/ Namba za mawasiliano:				
Phone number/ Namba ya simu	Second Phone / Simu ya Pili			
Third Phone / Simu ya Tatu	Fax number / Namba ya Fax			
	Tan Mandel , Adding ya Lua			
E-mail address/ Namba ya Akaunti ya E-mail				
	1			

Applicant's Declaration/ Uthibitisho wa Mw	ombaji:	
	ε	d complete to the best of my knowledge/ Nathibitisha kwamba
taarifa zilizopo hapo juu ni kamili na sahihi kv	va kadri ya ufahamu wangu.	
Title: Mr/ Bwana Mrs/ Bibi M	Is/ Bi	
First Name/ Jina la Kwanza	Middle Name/ Jina la Pili	Surname/ Jina la Ukoo
Position/		
Wadhifa		
		Day/ Siku Month/ Mwezi Year/ Mwaka
Signature of the Applicant/ Saini ya Mwombaji		Date/ Tarehe
Saini ya wiwoinbaji		Tarene

	y/ Kwa matumizi ya Ofisi t	u			
Type of Tax					
**	Activity Code	Type of Taxes	Tick the appropriate box	Tax Start Date	
	· ·		11 1	DD/MM/YYY	
	1	PIT			
	2	VAT			
	3	PAYE			
	4	CUSTOMS			
	5	MOTOR VEHICLE			
	6	EXCISE DUTY			
		•			
Business Activity Code					
TRA Officer					
TKA Officer					
T1 ('C' (' D	,				
Identification Presente	a				
		D Bid G ic			
National ID	Passport	Birth Certificate	es Other (Specif	у)	
Employee No.					
Title: Mr Mrs	Ms				
First Nan	ne	Middle Name		Surname	
Officer Position					
Officer i osition					
TDA Location			Ciamatura		
TRA Location			Signature		