



Request for Remission

Tax Number

0 8 8 6 6 2 0 1 4 5

NTXRF001

RFR1

Applicant Details - Individual

INDF001

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|----------|---------------------|--|--|--|--|--|--|--|
| Surname | S H A I | | | | | | | | | | | | | | | | | | | | Home Tel No. | 0 8 2 8 6 8 1 2 1 8 | | | | | | | | | | | |
| First Two Names | T L O U | | | | | | | | | | | | | | | | | | | | Bus Tel No. | | | | | | | | | | | | |
| ID No. | 7 7 0 3 3 1 0 3 4 6 0 8 7 | | | | | | | | | | Passport No. | | | | | | | | | | | Passport Country (e.g. South Africa = ZAF) | | | Cell No. | 0 8 2 8 6 8 1 2 1 8 | | | | | | | |
| Contact Email | C A T E R A M O L O B E N G @ G M A I L . C O M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Particulars of Representative (Person Dealing with Dispute on Behalf of Taxpayer)

REPIF001

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|--|--|--------------------------|--|---|---------|---|---|--------------------------|--|--------------------------|--|--------------------------|------------------|--------------------------|---------------------------------|--------------------------|--|--|--|--|----------|-----------------------------------|--|--|----------|--|--|--|--|--|
| Surname | | | | | | | | | | | | | | | | | | | | | Initials | | | | | | | | | |
| ID No. | | | | | | | | | | | Passport Country (e.g. South Africa = ZAF) | | | Passport No. | | | | | | | | | | | Cell No. | | | | | |
| Bus Tel No. | | | | | | | | | | | Fax No. | | | | | | | | | | | Tax Practitioner Registration No. | | | PR - | | | | | |
| Capacity: | Public Officer | <input type="checkbox"/> | Curator / Trustee / Liquidator / Executor / Administrator | <input type="checkbox"/> | Partner | <input type="checkbox"/> | Treasurer | <input type="checkbox"/> | Accounting officer for Local / Public Authority / Accountant | <input type="checkbox"/> | Sole Proprietor | <input type="checkbox"/> | Tax Practitioner | <input type="checkbox"/> | Legal Representative / Attorney | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Contact Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you signing on behalf of the taxpayer? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | | If yes, do you have a power of attorney from the taxpayer? | Y <input type="checkbox"/> N <input type="checkbox"/> | | Is the taxpayer aware of and agree with the grounds of dispute? | Y <input type="checkbox"/> N <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Reason why taxpayer is unable to sign this dispute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RFR

L English FV 2021.05.00 SV 1101 CT 03 NO 0886620145



Y 2023

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001/003



Please submit the original form and retain a copy for your records. Use black ink and capital letters when completing the form.

Grounds for dispute and Reasons for late submission if applicable

Reason for Dispute: **Serious Illness / Sequestration / Liquidation or Death**

1

Not Liable to File

1

SARS error (Supply Detail in Grounds)

5

Other / Mitigation Factors: (Supply Detail in Grounds)

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I was having difficulties using the e-filing system. I only realized that I had not correctly saved the tax returns when I was notified of penalties. I sorted assistance at the branch and hope that I got it right this time around.

RFR L English FV 2021.05.00 SV 1101 CT 03 NO 0886620145



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