

ZAMBIA | My Tax REVENUE | Your Tax AUTHORITY | Our Destiny

SMART INVOICE COMMITMENT FORM

ver 1.2

1. Company/Business Informa	ation		
Company Name/ Business			
Name	Inbound Investments Limited		
TPIN	2001031743		
Physical Address	A STATE OF THE STA		
E-mail	Changwe road pla# 55 Chamba Valley		
	Info@ In bound zm 1 Com		
Telephone No	0976575786		
2. Details of the Owner/ Director/ Legal Representative of the business or company			
Name	Teddy Jack Mubils		
Position	Director		
Postal Address	+ 11		
Tolonkono Ni	p teddymubila @ gmail.com 0976575786		
Telephone No.	0976575786		
Email	teddy & Insound zm. com		
NRC/Passport No*:	174460/77/1		
3. Smart Invoice Solution Required (Check One)			
Desktop/Laptop (Windows)	Device Details		
□ Tablet (Android)	Pak Disk has sel		
□ PDA (Android)	Device Serial Number: 5CD 244DM SW		
☐ Smartphone (Android)	Device Model Name: Victus HP Laptop		
□ Online Portal			
4. Addition of Branches			
To add a branch, complete Appendix A – Application Form to add Branch			



5. Integration and Certifi	ed Software Vendor details	
Virtual Sales Data Controller (VSDC)	Certified Software Vendor / Self details: TPIN: NAME: Applicable invoicing system requiring integration: NAME: VERSION: VIT	
6. Commitment by taxpay	er applying for Smart invoice Software	
	igible to use Smart Invoice under TPIN No. 2001031743, I commit to the	
a) I hereby confirm tha	t I am ready to receive the Smart Invoice software and I shall use it properly.	
b) I will not proceed w get written authoriza	ith formatting/resetting the device on which the Smart Invoice is installed un tion from Zambia Revenue Authority upon an officially submitted request.	til I
c) I understand that I moworking days from	ust return the Electronic Fiscal Device(s) being used (if any) to ZRA, within Five the date of installation of the Smart Invoice software.	e(5)
d) I commit to hold all c in strict confidence a	confidential information provided to me in the use of Smart Invoice by third part and take all reasonable precautions to prevent unauthorized disclosure.	ties
e) I commit to use confi	dential information solely for the purpose for which it is provided.	
Names and signature of the	Owner/ Director /Legal Representative of the Business or Company	
vame leddy Jac	K My679	
ignature	d	
ate of Application (dd/mm	/yyyy):30/.95/.2075	
	W. All Control of the	-
For foreigners use Passport numbe	er in lieu of National Registration Card (NRC) number	

