

**Application for tax directive: Gratuities**  
**Aansoek om belasting aanwysing: Gratifikasie**

**Income Tax reference number**  
**Inkomstebelastingverwysingsnommer**

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This application must be completed in capital letters  
Hierdie aansoek moet in hoofletters voltooi word

**Year of assessment ended on**  
**Jaar van aanslag geëindig op**

C	E	E	Y	Y	-	M	M	-	D	D
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**For official use - Application number**  
**Vir kantoor gebruik - Aansoeknommer**

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**Taxpayer current details**  
**Belastingpligtige se huidige besonderhede**

Surname Van																				
Initial(s) Voorletter(s)																				
First name(s) Voorname																				
Date of birth Geboortedatum	C	E	E	Y	Y	-	M	M	-	D	D									
Identity number Identiteitsnommer										Other identification number Ander Identifikasienommer										

If the taxpayer is not registered for income tax, select one of the following reasons:  
Indien die belastingpligtige nie vir inkomstebelasting geregistreer is nie, dui een van die volgende rede(s) aan:

SITE SIBW                       Unemployed Werkloos                       Other Ander

If 'other' provide reasons:  
Indien 'ander' verskaf redes:

Annual salary Jaarlikse salaris	R																			Employee number Werknemernommer				
Residential address Woonadres																				Postal code Poskode				
Postal address Posadres																				Postal code Poskode				

**Employer details**  
**Werkgever se besonderhede**

PAYE ref. number LBS verwys. no. Name Naam	7																													
Contact person Kontak persoon Telephone number Telefoonnommer																				C	O	D	E	-	N	U	M	B	E	R
Business address Besigheidsadres																				Postal code Poskode										
Postal address Posadres																				Postal code Poskode										



**Additional details of application**

**Addisionele besonderhede van aansoek**

Date of accrual  
Datum van toevalling

C	C	Y	Y	-	M	M	-	D	D
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Reason for directive (Mark with an X)  
Rede vir aanwysing (Merk met 'n X)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Death<br>Dood         | <input type="checkbox"/> Retrenchment due to ill health<br>Aftrede as gevolg van swak gesondheid | <input type="checkbox"/> Retrenchment<br>Personeelvermindering |
| <input type="checkbox"/> Retirement<br>Aftrede | <input type="checkbox"/> Share option without obligation<br>Aandele opsie sonder voorwaarde      | <input type="checkbox"/> Other<br>Ander                        |

If 'other' provide reason  
Indien 'ander' verskaf rede

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**Payment made up as follows:**

**Betaling saamgestel soos volg:**

Leave payment Verlof gratifikasie .....	R	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
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Other (Specify) Ander (Spesifiseer)	R	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
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Gross amount payable Bruto bedrag betaalbaar	R	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								

**Note:** Directives are not transferable and a new application must be made following a change in the gross amount.  
**Nota:** Belastingaanwysings is nie oordraagbaar nie en 'n nuwe aansoek moet geskied indien enige van die inligting verander.

**Declaration  
Verklaring**

I hereby certify that the information furnished above is true and correct.  
Hiermee verklaar ek dat die bogenoemde besonderhede die korrekte en ware gegewens weergee.

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Signature of applicant/Handtekening van aansoeker

C	C	Y	Y	-	M	M	-	D	D
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Date/Datum