



COLLECTION INFORMATION STATEMENT
Individual (Compromise)

CISI 002

Taxpayer Information

Surname															Initials								
First Names															Taxpayer Ref No.								
ID No					Date of birth (CCYYMMDD)					Passport No.					Passport Country								
Tel no.					Fax No					Cell No.													
Email Address																							
Marital Status		Married in community of property				Married out of community of property without accrual				Married out of community of property without accrual				Unmarried		Widow / er		Divorced		Customary Union		Common Law	

Tax reference numbers

Income Tax					Employees' Tax					UIF					SDL				
VAT					Admin Penalty					Other Tax Types					Other Ref No				

Residential Address

Unit No.				Complex (if applicable)															
Street / Erf No.				Street / Farm Name															
Suburb / District				Country Code (e.g. South Africa = ZA)															
City / Town				Postal Code															

Spouse Details

Surname															Initials				
First Names															Taxpayer Ref No.				
ID No					Date of birth (CCYYMMDD)					Passport No.					Passport Country				
Tel no.					Fax No					Cell No.									
Employer																			

Dependant Details (Living in your household, excluding yourself and spouse / partner)

Number of dependants	Age	Relationship
	Age	Relationship
	Age	Relationship

Please attach a separate schedule to this form containing the same requested information as above should you have more than 3 dependants

Employment Details

Employer	Bus Tel No.					
Occupation	Fax No.					
Employment Period	Pay Date (DD)	Salary / Employee No	13 th Cheque	Y	N	If Yes, pay date (CCYYMMDD)
YY	MM					
			Bonus	Y	N	If Yes, pay date (CCYYMMDD)

Employer Address

Unit No.	Complex (if applicable)
Street / Erf No.	Street / Farm Name
Suburb / District	Country Code (e.g. South Africa = ZA)
City / Town	Postal Code

Self-Employment Details

Nature of Business	Bus Tel No.
Trading Name	Fax No.
Email Address	

Business Address

Unit No.	Complex (if applicable)
Street / Erf No.	Street / Farm Name
Suburb / District	Country Code (e.g. South Africa = ZA)
City / Town	Postal Code

Financial Information

Bank Account Details

Bank Details 1

Institution Name																								
Account Type	Savings	Cheque	Investment	Credit Card																				
Account No.																								
Credit Balance																								
Debit Balance																								
Overdraft / Credit Limit																								

Bank Details 3

Institution Name																								
Account Type	Savings	Cheque	Investment	Credit Card																				
Account No.																								
Credit Balance																								
Debit Balance																								
Overdraft / Credit Limit																								

Bank Details 5

Institution Name																								
Account Type	Savings	Cheque	Investment	Credit Card																				
Account No.																								
Credit Balance																								
Debit Balance																								
Overdraft / Credit Limit																								

Bank Details 2

Institution Name																								
Account Type	Savings	Cheque	Investment	Credit Card																				
Account No.																								
Credit Balance																								
Debit Balance																								
Overdraft / Credit Limit																								

Bank Details 4

Institution Name																								
Account Type	Savings	Cheque	Investment	Credit Card																				
Account No.																								
Credit Balance																								
Debit Balance																								
Overdraft / Credit Limit																								

Bank Details 6

Institution Name																								
Account Type	Savings	Cheque	Investment	Credit Card																				
Account No.																								
Credit Balance																								
Debit Balance																								
Overdraft / Credit Limit																								

Please attach a separate schedule to this form containing the same requested information as above should you have more than 6 bank accounts

Investment / Policy details (Local and Foreign)

Investment / Policy 1

Institution Name															Policy / Investment No														
Type of Policy Investment																													
Maturity Date (CCYMMDD)										Maturity Value					R					Surrender Value					R				
Ceded?			<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If Yes, Ceded to															Date Ceded (CCYMMDD)							
Foreign?			<input type="checkbox"/>	Y	<input type="checkbox"/>	N	State Jurisdiction																						

Investment / Policy 2

Institution Name															Policy / Investment No														
Type of Policy Investment																													
Maturity Date (CCYMMDD)										Maturity Value					R					Surrender Value					R				
Ceded?			<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If Yes, Ceded to															Date Ceded (CCYMMDD)							
Foreign?			<input type="checkbox"/>	Y	<input type="checkbox"/>	N	State Jurisdiction																						

Investment / Policy 3

Institution Name															Policy / Investment No														
Type of Policy Investment																													
Maturity Date (CCYMMDD)										Maturity Value					R					Surrender Value					R				
Ceded?			<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If Yes, Ceded to															Date Ceded (CCYMMDD)							
Foreign?			<input type="checkbox"/>	Y	<input type="checkbox"/>	N	State Jurisdiction																						

Please attach a separate schedule to this form containing the same requested information as above should you have more than 3 investments and/or policies

Share Portfolio

Total value as of the date of this declaration	R	
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Listed Shares

Listed Share 1

Name and type of share							
Name of share register holder	Contact Number						
Quantity held		Value per share	R		Total Value	R	

Listed Share 2

Name and type of share							
Name of share register holder	Contact Number						
Quantity held		Value per share	R		Total Value	R	

Listed Share 3

Name and type of share							
Name of share register holder	Contact Number						
Quantity held		Value per share	R		Total Value	R	

Listed Share 4

Name and type of share							
Name of share register holder	Contact Number						
Quantity held		Value per share	R		Total Value	R	

Please attach a separate schedule to this form containing the same requested information as above should you have more than 4 listed shares

Unlisted Shares

Unlisted Share 1

Company Name																								
Company Registration No.															Taxpayer Ref No.					Percentage shareholding				
Name of share register holder															Contact Number									
Quantity held					Value per share					R					Total Value					R				

Unlisted Share 2

Company Name																								
Company Registration No.															Taxpayer Ref No.					Percentage shareholding				
Name of share register holder															Contact Number									
Quantity held					Value per share					R					Total Value					R				

Unlisted Share 3

Company Name																								
Company Registration No.															Taxpayer Ref No.					Percentage shareholding				
Name of share register holder															Contact Number									
Quantity held					Value per share					R					Total Value					R				

Unlisted Share 4

Company Name																								
Company Registration No.															Taxpayer Ref No.					Percentage shareholding				
Name of share register holder															Contact Number									
Quantity held					Value per share					R					Total Value					R				

Please attach a separate schedule to this form containing the same requested information as above should you have more than 4 unlisted listed shares

Other Information

Total current value of personal household effects

R

Cession of your book debts Y N If Yes, attach Cession Agreement

Personal surety provided by you Y N If Yes, attach Suretyship Agreement

Monthly Income & Expenditure Statement

Local and Foreign Income (Gross Amount)

Salary

R

Spouse Salary

R

Business Income

R

Interest Received

R

Dividends

R

Rental Income

R

Pension

R

Annuity

R

Maintenance

R

Other

R

Description Relating to "Other"

Expenditure

PAYE

R

Rent

R

Bond Repayment(s)

R

Groceries

R

Rates and Taxes

R

Water and Electricity

R

Cellphone / Telephone

R

Petrol / Diesel

R

Long Term Insurance

R

Short Term Insurance

R

Medical Aid Contributions

R

Medical Expenses (excluding Contributions)

R

Expenditure *Continued*

Credit Card Repayments

R

Vehicle Repayments

R

Entertainment

R

Other Description

Other Description

Other Description

Other Description

Other Description

Other Description

Other Description

Domestic Worker

R

School / University

R

Clothing Accounts

R

Amount

R

Amount

R

Amount

R

Amount

R

Amount

R

Amount

R

Amount

R

Totals

Total Income

R

Total Expenditure

R

Nett Difference

R

The following information must be attached to this form:

1. A written request for a compromise setting out reasons why full payment cannot be made.
2. Latest financial statements relating to business income
3. Copy of latest payslip
4. Copy of spouse's latest payslip, if married in community of property
5. Cash flow forecast for the next 12 months.
6. Detailed bank statements of all bank accounts for the last **3** consecutive months.
7. Schedule of all vehicles (e.g. cars, trucks, caravans, boats, aircraft, etc.) detailing manufacturer, model, registration no. year and market value.
8. Schedule of all properties owned, co-owned and/or to which you have rights to. Details must include:
 - a. Unit No.
 - b. Complex (if applicable)
 - c. Street No. / Erf No.
 - d. Street Name / Farm Name
 - e. Suburb / District
 - f. City / Town
 - g. Postal Code
 - h. Purchase Price
 - i. Open Market Value
 - j. Original Bond Amount
 - k. Balance of bond amount owed
 - l. Institution holding bond
 - m. Bond Account Number
9. Schedule of all other assets (equipment and machinery) including a detailed description, quantity and market value.
10. Schedule of all tenders detailing the institution, commencement date, completion date, tender number, total value and value of payments due.
11. Schedule of all debtors detailing the name, telephone number and total amount owed to you.
12. Schedule of all creditors detailing the name, telephone number and total amount due by you.

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13. Schedule of all connected party loans including the outstanding balance(s), interest rate(s), repayment terms and security. (if applicable)
14. A list of persons that have participation and/or voting rights in the business
15. For each of the persons listed above, a schedule of all entities and structures which are connected to this business, wherein they have participation and/or voting rights and of which they are a member and/or director
16. If you or any connected person are a beneficiary of a trust, provide the name, registration details and jurisdiction of the trust, including the name and details of the person responsible for administering the trust

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Summary of Compromise

Total Tax Due	R	
Amount offered as payment	R	
Amount to be compromised	R	

Certification:

I declare that to the best of my knowledge, the information furnished in this statement is true, correct and complete

Signature
Date

Initials & Surname

Additional information and/or comments:
