



**COLLECTION INFORMATION STATEMENT**  
**Business**

**CIB 001**

**Business Details**

**Business Type**

Listed Public Company	Unlisted Public Company	Private Company	Close Corporation	Co-Operative	Non-Profit Company	Trust	State Owned Company	Collective Investment Scheme	Other
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**Tax reference numbers**

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

**Business Details**

Registered Name	
Trading Name	
Email address	Reg No.

**Registered 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

**Physical 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

### Representative Taxpayer Details

Surname																																		Initials								
First Names																																		Taxpayer Ref No.								
ID No													Date of birth (CCYYMMDD)													Passport No.				Passport Country												
Home tel no.													Bus tel no.													Date Of Appointment (CCYYMMDD)																
Cell No.													Fax No																													
Email Address																																										

### Address for Legal Purposes (Domicilium et Executandi)

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

### Directors / Members / Trustees / Partners Details - 1

Surname																																		Initials					
First Names																																		Taxpayer Ref No.					
ID No													Date of birth (CCYYMMDD)													Passport No.				Passport Country									
Bus tel no.													Fax no.													Cell No.													
Capacity																																		Date Of Appointment (CCYYMMDD)					

### Directors / Members / Trustees / Partners Details - 2

Surname																																		Initials					
First Names																																		Taxpayer Ref No.					
ID No													Date of birth (CCYYMMDD)													Passport No.				Passport Country									
Bus tel no.													Fax no.													Cell No.													
Capacity																																		Date Of Appointment (CCYYMMDD)					

**Directors / Members / Trustees / Partners Details - 3**

Surname																															Initials			
First Names																															Taxpayer Ref No.			
ID No																Date of birth (CCYYMMDD)				Passport No.				Passport Country										
Bus tel no.																Fax no.				Cell No.														
Capacity																															Date Of Appointment (CCYYMMDD)			

**Directors / Members / Trustees / Partners Details - 4**

Surname																															Initials			
First Names																															Taxpayer Ref No.			
ID No																Date of birth (CCYYMMDD)				Passport No.				Passport Country										
Bus tel no.																Fax no.				Cell No.														
Capacity																															Date Of Appointment (CCYYMMDD)			

**Directors / Members / Trustees / Partners Details - 5**

Surname																															Initials			
First Names																															Taxpayer Ref No.			
ID No																Date of birth (CCYYMMDD)				Passport No.				Passport Country										
Bus tel no.																Fax no.				Cell No.														
Capacity																															Date Of Appointment (CCYYMMDD)			

Please attach a separate schedule to this form containing the same requested information as above should you have more than 5 directors, members, trustees or partners



**Investment / Policy details (Local and Foreign)**

**Investment / Policy 1**

Institution Name															Policy / Investment No														
Type of Policy Investment																													
Maturity Date (CCYMMDD)										Maturity Value					<b>R</b>					Surrender Value					<b>R</b>				
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					<b>R</b>					Surrender Value					<b>R</b>				
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					<b>R</b>					Surrender Value					<b>R</b>				
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					<b>R</b>					Total Value					<b>R</b>				

**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					<b>R</b>					Total Value					<b>R</b>				

**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					<b>R</b>					Total Value					<b>R</b>				

**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					<b>R</b>					Total Value					<b>R</b>				

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

## The following information must be attached to this form:

1. A written request for an instalment payment agreement with reasons why full payment cannot be made.
2. Latest financial statements (audited if applicable).
3. Management statements for the financial year to date.
4. Cash flow forecast for the next 12 months.
5. Detailed bank statements of all bank accounts for the last 6 consecutive months.
6. Schedule of all vehicles (e.g. cars, trucks, caravans, boats, aircraft, etc.) detailing manufacturer, model, registration no. year and market value.
7. 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
8. Schedule of all other assets (equipment and machinery) including a detailed description, quantity and market value.
9. Schedule of all tenders detailing the institution, commencement date, completion date, tender number, total value and value of payments due.
10. Schedule of all debtors detailing the name, telephone number and total amount owed to you.
11. Schedule of all creditors detailing the name, telephone number and total amount due by you.

*For office use only*



- 12. Schedule of all connected party loans including the outstanding balance(s), interest rate(s), repayment terms and security. (if applicable)
- 13. A list of persons that have participation and/or voting rights in the business
- 14. 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
- 15. 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

***For office use only***

**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

\_\_\_\_\_  
Capacity

Additional information and/or comments:
