

**Associate Tax Practitioner Application AFFIDAVIT**

I, \_\_\_\_\_ (full name & Surname)

Residing at: \_\_\_\_\_

Tel: \_\_\_\_\_

Race: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

ID No: \_\_\_\_\_

**I hereby declare under Oath that I have the following practical experience:**

**I also understand the following statement Tax Avoidance vs Tax Evasion (define below)**

**I understand that as a Associate Tax Practitioner I am limited to the following functions:**

**Value Added Tax:**

Registration & Deregistration  
Completion and submission of returns: manually & via E-filing { Vat201 }  
Handling of Vat Audits uploading scanned Documents Via E-filing to SARS.

**Employees Taxation:**

Registration & Deregistration of PAYE, UIF & SDL  
Maintaining monthly employee records  
Calculation of PAYE, SITE, UIF & SDL  
Completion and submission of returns: manually and via E-filing { Emp 201 }  
Reconciliations e.g. EMP501  
Issuing of all annual returns & certificates e.g. IRP5's & IT3's  
Handling of Employees taxation Audits uploading scanned documents Via E-filing to SARS

**Income Tax:**

**Income Tax Registrations & Deregistration**

Individuals/ Partnerships  
Trusts  
Companies & Close Corporations  
Small Business Corporations  
Turnover Tax

**Calculation of Income tax**

Individuals/ Partnerships  
Turnover Tax

**Completion and Submission of Annual Income Tax Returns**

Individuals/ Partnerships  
Companies & Close Corporations

**Review of Assessments & objections to Assessments**

Individuals / Partnerships  
Companies & Close Corporations

I understand that I cannot perform any additional functions other than those stated above, or amended by the Institute from time to time. Failing to limit myself to the above will result in me being subjected to the Institute's disciplinary procedures and the Institute's decision in this regard will be final.

I know and understand the contents of this statement

I have no objection in taking the prescribed oath

I consider the prescribed oath to be binding on my conscience \_\_\_\_\_

Signature of Deponent

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I certify that the above statement was taken down by me as submitted by the deponent and that the deponent has acknowledged that he / she knows and understands the contents of this statement.

This statement was sworn before me and the deponent's signature was placed hereon at:

\_\_\_\_\_ on \_\_\_\_\_ Time: \_\_\_\_: \_\_\_\_

\_\_\_\_\_  
COMMISSIONER OF OATHS

Full names & Surname: \_\_\_\_\_

SAP Rank: \_\_\_\_\_

Business Address: \_\_\_\_\_

