

**COMPLAINTS FORM**

Taxpayer  Taxpayer Representative

**Taxpayer Details**

Surname

Name

ID No.  Passport No.

Company/CC/Trust Reg Name

Company/CC/Trust Reg No.

**Taxpayer Representative Details**

Profile Practitioner  Trustee  Attorney  Clearing Agent  Administrator  Other

If Other Provide Details

Surname

Name

Professional Membership Body  Tax Practitioner Registration No.

Taxpayer Names

ID No.  Passport No.

Power of Attorney attached

**Contact Details**

Home Tel No.  Cell No.

Fax No.  Bus Tel No.

Email Address

**Physical Address**

Unit No.  Complex (If Applicable)

Street No.  Street / Farm Name

Suburb / District

City / Town  Postal Code

Country Code

**Postal Address**

Mark here with an "X" if same as above or complete your Postal Address

Postal Agency or Other Sub-unit (if applicable) (e.g Postnet Suite ID)

PO Box  Private Bag  Other PO Special Service (specify)  Number  Country Code

Post Office

Postal Code

