



Get Smart – Go VAT

FORM VAT 1

MALAWI REVENUE AUTHORITY

Reg. 3(1)

VAT DIVISION

APPLICATION FOR REGISTRATION FOR VAT

The completed form should be sent to: The Commissioner General Malawi Revenue Authority Chayamba Building Private Bag 247 Blantyre	For Official Use Only Date of receipt Application checked by Registration recommended by Not recommended by Effective Date of Registration.....
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1. Identification of person to be registered:

Taxpayer Identification Number (TPIN)

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Name of
person to be
registered

2. Status of person to be registered:

Limited Company/Sole Proprietor/Partnership/Other.....

If partners, provide name, address and signature of partners

Full name

Address
Signature Date

Full name
Address
Signature Date

Full name
Address
Signature Date

3. Full address of principal place of business

4. Location of main premises

5. Nature of business

6. Trading name (if any)

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7. Name of person making application:

Surname

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Other names

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Status: Proprietor ☐ Partner ☐ Director ☐
 Company Secretary ☐ Authorised Officer ☐

Telephone No.:

8. Annual turnover of taxable supplies.

(a) Actual turnover in the past twelve months

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(b) Expected turnover in the next twelve months

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9. If 8 (a) or (b) are less than K2,000,000 give the following:

Actual turnover for past four quarters:

Quarter ending/...../.....

Quarter ending/...../.....

Quarter ending/...../.....

Quarter ending/...../.....

10. Annual turnover of exempt supplies expected in the next twelve months:

11. Current value of stock:
Purchases and expenses

12. Associated business if any:
(a) Give TPIN:
(b) Other details:

13. Declaration:
I, Mr./Mrs./Miss * (Full name of Signatory in block letters)
.....
(a) Hereby declare that the information given in this form and any accompanying correspondence is true and complete, and
(b) Hereby apply for registration under Section 11 (4) of the VAT Act.
Signed Date

* Delete as necessary

For Official Use Only

Registration approved/Not approved

Signed Official Stamp
COMMISSIONER GENERAL