

Tel: 0800 00 SARS (7277) Email: efilingregistrations@sars.gov.za SARS eFiling

DECLARATION TO EFILE

You are registered as:

Mr ML NDLELA

ID/Passport No: <u>9205215142080</u>

Tax Ref: 2767658178

eMail: Ndlelaml@gmail.com

Login name: Mpumelelo0070_1

You have registered the following taxpayer:



ID/Passport/ Reg number: <u>9205215142080</u>

Tax Ref: 2767658178

I, ML NDLELA, ID number <u>9205215142080</u>, as appointed representative taxpayer on behalf of the aforementioned person or entity hereby confirm that I have been duly authorised to perform eFiling functions / services for such person or entity, as per the Power of Attorney that will accompany this declaration.

I declare that I am duly authorised to create payment instructions authorising the relevant financial institution to debit the appropriate bank account of the person / entity and to pay over only such amounts which are due and payable to the relevant SARS bank account, such amounts being tax due and payable as is reflected on the relevant declaration or notice of assessment. I further declare that I have been duly authorised to submit this declaration to eFile.

I, the undersigned accept that without receipt by SARS of this signed declaration to eFile together with the required proof of my identity and a full and complete Power of Attorney, I will not be permitted to perform eFiling functions / services which include the submission of forms, returns, and the making of payments to SARS.

Representative:		Taxpayer:	
Signed at Fourways	on this	Signed at	on this
_1 day of _june	20 <u>25</u>	_1 day of _ _{June}	20
MLN		Men	
ML. NDLELA		ML NDLELA	_

* Registered name means Initials and Surname in case of a natural person and the registered name in case of a non-natural person

** Identification number means ID/Passport in case of a natural person and Registration Number in case of a non-natural person (e.g. CIPC, Trust or other number captured)