

FREE STATE PROVINCIAL OFFICE

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NATIONAL OFFICE

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REGISTRATION AS A TAX PRACTITIONER

In terms of the Tax Administration Act, the Legal Practice Council (LPC) is a Recognised Controlling Body and is required to, when a legal practitioner registers as a tax practitioner with the South African Revenue Service (SARS), confirm the details and good standing of the legal practitioner concerned, before the tax practitioner's status and accreditation as a registered tax practitioner will be activated.

Legal Practitioners who wish to register as a tax practitioner are requested to complete the form "Activation as a Tax Practitioner" and forward same to Ms Rejoice Sykes at the Free State Provincial Office of the LPC, e-mail rejoices@lpc.org.za.

Kindly ensure that all information furnished is complete and accurate, as incomplete or inaccurate information will result in the request not being processed.

Kindly also note that by signing the form, the practitioner certifies that he/she is compliant with the criteria as indicated.

Should a legal practitioner at any stage in future deregister as a tax practitioner, the member must notify the LPC in writing of his/her deregistration.

EXECUTIVE COMMITTEE: Ms Kathleen Dlepu (*Chairperson*) | Adv Anthea Platt SC (*Deputy Chairperson*) |
Adv. Greg Harpur SC | Ms Trudie Nichols | Mr Lutendo Sigogo | Mr Jan Stemmett | Adv. Phillip Zilwa SC
Executive Officer (Acting): Ms Charity Nzuza

GAUTENG OFFICE - DIRECTOR: THINUS GROBLER



ACTIVATION OF TAX PRACTITIONER

TAX PRACTITIONER INFORMATION

LPC Membership No:		Provincial office:		G		WC		KZN		FS	
Initials:		First Name:				Surname:					
Date of Birth (cccc-mm-dd):					Identification Type:						
ID No:					Country of Issue:						
Tax Reference No:					Tax Practitioner No:	<i>Will be allocated by SARS</i>					
Postal Address of Firm:				Your Business E-mail Address:							
Business Tel No:					Cellphone No:						

I CERTIFY THAT I AM COMPLIANT WITH:

Tax:	√ Yes
Criminal Status:	√ Yes
Education:	√ Yes
Continuous Professional Development:	√ Yes
Code of Conduct:	√ Yes
Relationship Status:	Active

Signature
(confirming compliance with the criteria indicated)

Date

TAX PRACTITIONER PRACTICE INFORMATION

Registered Name:		Registration No:	
Tax Type (Income Tax/PAYE/VAT):		Tax Reference No:	
Registered Address:			E-mail Address:
			Business Tel No: