

E-FILING ACCESS APPLICATION FORM

TAXPAYER DETAILS			
Name of Taxpayer		TIN	
Tax Office		Date	

DETAILS OF ACCESS REQUIRED	
Type of Access	View Only <input type="checkbox"/> Declaration <input type="checkbox"/> TIN Validation <input type="checkbox"/> Others <input type="checkbox"/>
Access Start Date	
Representative Type	<input type="checkbox"/> CEO/MD <input type="checkbox"/> Accountant <input type="checkbox"/> Director <input type="checkbox"/> Tax Consultant <input type="checkbox"/> Auditor <input type="checkbox"/> Others (Specify)

REPRESENTATIVE DETAILS	
First Name	
Surname	
ID Number	
Email Address	
Phone Number	
Signature	

AUTHORISATION			
Name		Name	
Position		Position	
Signature		Signature	
Date		Date	

FOR OFFICE USE ONLY			
Name of Tax Controller		Signature & Date:	
Approval Decision	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date of Decision
Comments:			
E-Filing Administrator's Full Name:		Signature & Date:	
Request Receipt Date	Creation Status: DONE <input type="checkbox"/> PENDING <input type="checkbox"/>		
Comments:			