



## ZAMBIA REVENUE AUTHORITY

BEFORE COMPLETING THIS FORM READ THE NOTES BELOW:

### NOTES

- i) This form is only to be used where the income from Zambia is, or will be DIVIDENDS, INTEREST, ROYALTIES, or MANAGEMENT and CONSULTANT FEES from which tax is deductible.
- ii) If this is your FIRST claim the completed form should be sent to the Taxation Authorities of the Country of residence for completion of certificate at item 10 overleaf.
- iii) If this is not your FIRST claim the completed form should be sent to the Assistant Director – Policy and Legislation P.O. Box 35710, Lusaka.

1. Date of Commencement of period for which claim is made			
2. Claimant's full name			
3. Claimant's Postal Address	Mr/Mrs/Miss		
4. If payment is to be made to a nominee, state nominee's full name and address			
5. (a) Tax Office (and reference) in Zambia to which last return or claim was made (b) If none, state date on which income was first received from Zambia			
6. Individuals - visits to Zambia	Date of arrival	Date of departure	Duration and purpose of visit
(a) Visits in year of claim; (b) Last visit prior to year of claim; (c) Details of any house, flat or other place of abode maintained by you in Zambia for your own use in year of claim			
7. All claimants - give details of: (a) Any office, place of business maintained or supervisory activities carried on in Zambia in year of claim; (b) Names and addresses of all agents of the claimant in Zambia and nature of activities of each on behalf of the			

claimant in year of claim.	
8. Income from Zambia	Give details at 10 overleaf

## 9. Declaration and claim -

- (a) I declare that the particulars given in this claim are true and correct and that it contains a full and true statement of all the income liable to tax in Zambia received by\*  
Myself /and my wife /the claimant in the period in which it relates;
- (b) I claim repayment of the appropriate amount of Zambian income tax;
- (c) \* I authorize repayment to be made to the nominee entered at 4 above.

.....Signature

Name in BLOCK LETTERS and capacity in which signed if claimant not an individual

..... (Name)

..... (Capacity)

\* Delete if not appropriate

ITF. 3 (DT)

## 10. Declaration of income of the type in Note 1 received for the year (or part of year) covered by this claim.

Payer's Name	Type of payment	Date of Accrual	Extent of Claimants voting control of payer at date of accrual of payment	Amount of Payment before deduction of tax K	Zambia Tax Deducted K	For Official use

Brought forward from separate sheet (if required)						
			Total			

(If insufficient space, insert details as above on a separate sheet, enter total above and forward with claim)

11. Certificate (to be completed by the Taxation Authorities of the country of residence and sent direct to the Commissioner General, P. O. Box 35710, Lusaka, Zambia).

I certify that .....  
 .....is resident of

.....for tax purposes  
 for the period covered by this claim and subject to \*income taxes in respect of  
 \*the whole of the income /of the income shown above.



..... Signature

.....Designation

\* Delete if not appropriate  
 ITF. 3 (DT)