



SMART INVOICE COMMITMENT FORM

ver 1.2

| 1. Company/Business Information | |
|---|--|
| Company Name/ Business Name | |
| TPIN | |
| Physical Address | |
| E-mail | |
| Telephone No | |
| 2. Details of the Owner/ Director/ Legal Representative of the business or company | |
| Name | |
| Position | |
| Postal Address | |
| Telephone No. | |
| Email | |
| NRC/Passport No*: | |
| 3. Smart Invoice Solution Required (Check One) | |
| <input type="checkbox"/> Desktop/Laptop (Windows) | Device Details Device Serial Number: Device Model Name: |
| <input type="checkbox"/> Tablet (Android) | |
| <input type="checkbox"/> PDA (Android) | |
| <input type="checkbox"/> Smartphone (Android) | |
| <input type="checkbox"/> Online Portal | |
| 4. Addition of Branches | |
| To add a branch, complete Appendix A – Application Form to add Branch | |

5. Integration and Certified Software Vendor details

| | |
|--------------------------------------|--|
| Virtual Sales Data Controller (VSDC) | Certified Software Vendor / Self details: TPIN: NAME: Applicable invoicing system requiring integration: NAME: VERSION: |
|--------------------------------------|--|

6. Commitment by taxpayer applying for Smart invoice Software

As the business/company eligible to use Smart Invoice under TPIN No....., I commit to the following:

- a) I hereby confirm that I am ready to receive the Smart Invoice software and I shall use it properly.
- b) I will not proceed with **formatting/resetting** the device on which the Smart Invoice is installed until I get written authorization from Zambia Revenue Authority upon an officially submitted request.
- c) I understand that I must return the Electronic Fiscal Device(s) being used (if any) to ZRA, **within Five(5) working days** from the date of installation of the Smart Invoice software.
- d) I commit to hold all confidential information provided to me in the use of Smart Invoice by third parties in strict confidence and take all reasonable precautions to prevent unauthorized disclosure.
- e) I commit to use confidential information solely for the purpose for which it is provided.

Names and signature of the Owner/ Director /Legal Representative of the Business or Company

Name.....

Signature.....

Date of Application (dd/mm/yyyy):.... /..... /.....

**For foreigners use Passport number in lieu of National Registration Card (NRC) number*



Appendix A – Application Form to add Branch

| 1. Company/Business Branch Information | |
|---|---|
| Branch Name | |
| Would you like to update this branch to be the main branch? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Physical Address | |
| E-mail | |
| Telephone No | |
| 2. Details of Branch Manager | |
| Name | |
| Position | |
| Postal Address | |
| Telephone No. | |
| Email | |
| NRC/Passport No*: | |
| 3. Branch device details | |
| Device Details | |
| Device Serial Number | |
| Device Model Name | |

Notes:

1. Complete the form **Appendix A – ‘Application Form to add Branch’** to apply for more branches
2. For foreigners use Passport number in lieu of National Registration Card (NRC) number