

Taxpayer Information

Personal Details

Surname **U D E M A N**

First Name **N I C O L E N E T H E R E S A**

Other Name

Initials **N T** Date of Birth (CCYYMMDD) **1 9 8 5 0 3 0 3** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD)

Marital Status Not Married (Single, Divorced, Widow / Widower) Married in Community of Property Married out of Community of Property

Spouse Details

Initials ID No.

Passport No. Passport Country (e.g. South Africa = ZAF)

Contact Details

Email **G E L D E N H U Y S J A S O N @ G M A I L . C O M**

Mark here with an "X" if you declare that you do not have an email address

Cell No. **0 7 8 9 7 8 0 0 4 7**

Mark here with an "X" if you declare that you do not have a cell phone number

Home Tel No.

Bus Tel No. **0 2 1 2 0 0 8 5 7 4**

Fax No.

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Bank Account Holder Declaration

I use South African bank accounts

I use a South African Bank Account of a 3rd party

I declare that I have no South African bank account

Reason for No Local / 3rd Party Bank Account

Non-residents without a local bank account

Insolvency / Curatorship

Deceased Estate

Shared Account

Income below tax threshold / Impractical

Statutory restrictions

Minor child

Bank Account Details

Bank Account Status

Account No.

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Branch No.

Account Type:

Cheque

Savings

Transmission

Bank Name

Branch Name

Account Holder Name (Account name as registered at bank)

Agreement Statement

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Investment Income (excl. Exempt Dividends)

Mark with an "X" if any of the amounts declared by you should be excluded from the communal estate (if married in community of property)

Note: All the investment income must be declared (even if you are married in community of property). SARS will do the required apportionment(s) and / or apply the applicable exemptions.
Interest earned by a non-resident qualifying for an exemption i.t.o s10(1)(h) must be declared under 'Amounts considered non-taxable'

Local Interest - Rands only, no cents

Local Interest (excluding SARS Interest)

R 4201

Foreign Interest - Rands only, unless cents specified

Foreign Interest

R 4218

Foreign Tax Credits on Foreign Interest

R , 4113

Foreign Dividends - Rands only, unless cents specified

Gross Foreign Dividends subject to SA normal tax

R 4216

Foreign Tax Credits on such Foreign Dividends

R , 4112

Distribution from a Real Estate Investment Trust(s) (REIT) / Taxable Local Dividends

Distribution from REIT / Taxable Local Dividends

R 4238

Dividends deemed to be income in terms of s8E and s8EA

Dividends deemed to be income in terms of s8E and s8EA

R 4292

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Taxpayer Information - Deductions

Medical Deductions - Rands only, no cents

Were you a member of a medical scheme to which you and/or your employer made contributions? Y N

If yes, state the total number of members (including yourself) per month:

Mar Apr May Jun Jul Aug
Sep Oct Nov Dec Jan Feb

State any medical scheme contributions made by yourself and not reflected on your IRP5/IT3(a)
R 4040

State any medical expenses not recovered from your medical scheme (other than physical impairment or disability expenses)
R 4020

State any physical impairment expenses not recovered from your medical scheme not included above
R 4022

Are you, your spouse or any of your qualifying children a person with a disability? Y N

If 'Yes', has this disability been confirmed by a duly registered medical practitioner as prescribed? Y N

State any disability expenses not recovered from your medical scheme
R 4023

Retirement and Income Protection Contributions - Rands only, no cents

Arrear Pension Fund Contributions R 4002

Retirement Annuity Fund Contributions R 4006

Arrear Retirement Annuity Fund Contributions R 4007

Income Protection Insurance Contributions R 4018

Travel Claim Against Allowance - Rands only, no cents

Did you use a logbook to determine your business km travelled? Y N

Indicate whether the vehicle was acquired by way of

Purchase Agreement Lease Agreement

Vehicle Registration No.

Car Make

Car Model

Year Manufactured Cost Price or Cash Value
R

Details of Kilometres Travelled

Starting Date (CCYYMMDD)

Closing Date (CCYYMMDD)

Opening Kilometres

Closing Kilometres

Total Kilometres

Business Kilometres

Travel Claim Against Allowance - Rands only, no cents

Did you use a logbook to determine your business km travelled? Y N

Indicate whether the vehicle was acquired by way of

Purchase Agreement Lease Agreement

Vehicle Registration No.

Car Make

Car Model

Year Manufactured Cost Price or Cash Value
R

Details of Kilometres Travelled

Starting Date (CCYYMMDD)

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Total Kilometres

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XXXXXXXXXXXXXXXXXXXXXXXXXX
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Date
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Non-residents without a local bank account Insolvency / Curatorship Deceased Estate Shared Account Income below tax threshold / Impractical Statutory restrictions Minor child

Bank Account Details

Bank Account Status

Account No.

All changes will be verified before updating your banking profile. SARS will let you know if you need to come in to a SARS branch with supporting documents. Bank details are required for refunds.

Branch No.

Account Type: Cheque Savings Transmission

Bank Name

Branch Name

Account Holder Name (Account name as registered at bank)

Agreement Statement

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Initials **J G** ID No. **8 5 0 6 1 9 5 1 4 5 0 8 9**

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Employee Tax Certificate Information [IRP5 / IT3(a)]

Employer Name LEAF CAPITAL

Certificate No. 7920751197201702VIP0127300010 Year of Assessment (CCY) 2017 PAYE Ref No. 7920751197

Income Received

Table with columns: Amount, Source Code. Rows 1-18 with values like 174620, 3601.

Income Received continued...

Table with columns: Amount, Source Code. Rows: Non-Taxable Income, Gross Employment Income (Taxable).

Deductions / Contributions / Information

Table with columns: Amount, Source Code. Rows: Multiple empty rows, Total Deductions / Contributions (4497).

Tax Credits and/or Employer / Employee Contribution

Table with columns: Description, Amount, Source Code, Code. Rows: PAYE R (75042, 70), PAYE on Lump Sum Benefit R (0, 00), Employee and Employer UIF Contribution R (1487, 20), Employer SDL Contribution R (2814, 70), Total Tax, SDL and UIF R (79344, 60), Medical Scheme Fees Tax Credit R (0, 00), Additional Medical Scheme Fees Tax Credit R, Reason for Non-Deduction of Employees' Tax.

Pay Periods

Table with columns: Description, Amount, Source Code. Rows: Periods in Year of Assessment (365, 0000), No. of Periods Worked (151, 0000), Period Employed From (CCYMMDD) (20160301), Period Employed To (CCYMMDD) (20160729).

Directive Numbers

Table with columns: Directive No. (Three empty rows).

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Taxpayer Information - Deductions

Other Deductions / Exemptions - Rands only, no cents

Expenses against local taxable subsistence allowance	R	<input type="text"/>	4017
Expenses against foreign taxable subsistence allowance	R	<input type="text"/>	4019
Depreciation	R	<input type="text"/>	4027
Home Office Expenses	R	<input type="text"/>	4028
Travel Expenses (e.g. commission income)	R	<input type="text"/>	4015
Amounts Refunded i.t.o. s11(nA) and 11(nB)	R	<input type="text"/>	4042
Allowable Accountancy / Administration Expense	R	<input type="text"/>	4043
Legal expenses i.t.o. s11(c)	R	<input type="text"/>	4044
Bad debt/Provision for doubtful debt	R	<input type="text"/>	4045
Use of motor vehicle	R	<input type="text"/>	4046
Section 8C losses	R	<input type="text"/>	4031
Holders of Public Office: Deduction i.t.o. s8(1)(d)	R	<input type="text"/>	4047
Remuneration for foreign employment services that qualifies for s10(1)(o)(i) exemption	R	<input type="text"/>	4033

Remuneration for foreign employment services that qualifies for s10(1)(o)(ii) exemption (excluding s 8A/8C gains and dividends)	R	<input type="text"/>	4041
Remuneration (s 8A/8C gains) taxed on IRP5 but comply with exemption in terms of s10(1)(o)(ii). (This amount is restricted to s 8A/8C gains, excluding dividends)	R	<input type="text"/>	4032
Deduction i.t.o. s6qua(1C) for foreign taxes paid or proved to be payable to a foreign government of any country on any SA sourced trade income	R	<input type="text"/>	4053
Other	R	<input type="text"/>	4016

Description relating to other

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Taxpayer Information

Personal Details

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First Name: **N I C O L E N E T H E R E S A**

Other Name:

Initials: **N T** Date of Birth (CCYYMMDD): **1 9 8 5 0 3 0 3** ID No.: **8 5 0 3 0 3 0 1 0 9 0 8 1**

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Employee Tax Certificate Information [IRP5 / IT3(a)]

Employer Name **K U S A G A T A K A C O N S U L T I N G (P T Y) L T D**

Certificate No. **7 5 0 0 7 8 1 4 3 2 2 0 1 7 0 2 0 0 0 0 0 1 0 0 0 0 0 0 1 3** Year of Assessment (CCY) **2 0 1 7** PAYE Ref No. **7 5 0 0 7 8 1 4 3 2**

Income Received

	Amount	Source Code
R	265624	3601
R	17698	3605
R	5600	3713
R	31875	3825
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
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R		
R		
R		
R		
R		
R		

Income Received continued...

	Amount	Source Code
Non-Taxable Income		
R		3696
Gross Employment Income (Taxable)		
R	320797	3699

Deductions / Contributions / Information

R	31875	4003
R	31875	4473
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
Total Deductions / Contributions		
R	63750	4497

Tax Credits and/or Employer / Employee Contribution

PAYE R	67107	01	4102
PAYE on Lump Sum Benefit			
R	0	00	4115
Employee and Employer UIF Contribution			
R	2082	08	4141
Employer SDL Contribution			
R	2889	21	4142
Total Tax, SDL and UIF			
R	72078	30	4149
Medical Scheme Fees Tax Credit			
R	0	00	4116
Additional Medical Scheme Fees Tax Credit			
R			4120
Reason for Non-Deduction of Employees' Tax			
			4150

Pay Periods

Periods in Year of Assessment	12	0000
No. of Periods Worked	6	9698
Period Employed From (CCYYMMDD)	20160801	
Period Employed To (CCYYMMDD)	20170228	

Directive Numbers

Directive No.	
Directive No.	
Directive No.	

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

P
Y 2017

Employee Tax Certificate Information [IRP5 / IT3(a)]

Employer Name **L E A F C A P I T A L**

Certificate No. **7 9 2 0 7 5 1 1 9 7 2 0 1 7 0 2 V I P P 0 1 2 7 3 0 0 0 1 0** Year of Assessment (CCYY) **2 0 1 7** PAYE Ref No. **7 9 2 0 7 5 1 1 9 7**

Income Received

	Amount	Source Code
R	1 7 4 6 2 0	3 6 0 1
R	1 0 6 8 4 9	3 6 0 5
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		

Income Received continued...

	Amount	Source Code
Non-Taxable Income		
R		3 6 9 6
Gross Employment Income (Taxable)		
R	2 8 1 4 6 9	3 6 9 9

Deductions / Contributions / Information

R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
Total Deductions / Contributions		
R		4 4 9 7

Tax Credits and/or Employer / Employee Contribution

PAYE R		7 5 0 4 2	,	7 0	4102
PAYE on Lump Sum Benefit					
R				0 0	4115
Employee and Employer UIF Contribution					
R		1 4 8 7	,	2 0	4141
Employer SDL Contribution					
R		2 8 1 4	,	7 0	4142
Total Tax, SDL and UIF					
R		7 9 3 4 4	,	6 0	4149
Medical Scheme Fees Tax Credit					
R				0 0	4116
Additional Medical Scheme Fees Tax Credit					
R					4120
Reason for Non-Deduction of Employees' Tax					
					4150

Pay Periods

Periods in Year of Assessment	3 6 5	,	0 0 0 0
No. of Periods Worked	1 5 1	,	0 0 0 0
Period Employed From (CCYYMMDD)	2 0 1 6 0 3 0 1		
Period Employed To (CCYYMMDD)	2 0 1 6 0 7 2 9		

Directive Numbers

Directive No.	
Directive No.	
Directive No.	

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P
Y 2017

Taxpayer Information - Deductions

Other Deductions / Exemptions - Rands only, no cents

Expenses against local taxable subsistence allowance	R	<input type="text"/>	4017
Expenses against foreign taxable subsistence allowance	R	<input type="text"/>	4019
Depreciation	R	<input type="text"/>	4027
Home Office Expenses	R	<input type="text" value="5600"/>	4028
Travel Expenses (e.g. commission income)	R	<input type="text"/>	4015
Amounts Refunded i.t.o. s11(nA) and 11(nB)	R	<input type="text"/>	4042
Allowable Accountancy / Administration Expense	R	<input type="text"/>	4043
Legal expenses i.t.o. s11(c)	R	<input type="text"/>	4044
Bad debt/Provision for doubtful debt	R	<input type="text"/>	4045
Use of motor vehicle	R	<input type="text"/>	4046
Section 8C losses	R	<input type="text"/>	4031
Holders of Public Office: Deduction i.t.o. s8(1)(d)	R	<input type="text"/>	4047
Remuneration for foreign employment services that qualifies for s10(1)(o)(i) exemption	R	<input type="text"/>	4033

Remuneration for foreign employment services that qualifies for s10(1)(o)(ii) exemption (excluding s 8A/8C gains and dividends)	R	<input type="text"/>	4041
Remuneration (s 8A/8C gains) taxed on IRP5 but comply with exemption in terms of s10(1)(o)(ii). (This amount is restricted to s 8A/8C gains, excluding dividends)	R	<input type="text"/>	4032
Deduction i.t.o. s6qua(1C) for foreign taxes paid or proved to be payable to a foreign government of any country on any SA sourced trade income	R	<input type="text"/>	4053
Other	R	<input type="text"/>	4016

Description relating to other

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Y 2017

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006/007

Declaration

Declaration

I declare that:

- The information furnished in this return is true and correct in every respect; and
- I have disclosed in full the gross amounts of all income accrued to or received by me during the period covered by this return; and
- I have the necessary receipts and records to support all my declarations on this form which I will retain for inspection purposes.

XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX

Please ensure you sign over
the 2 lines of "X"s above

Date
(CCYYMMDD)

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For enquiries go to www.sars.gov.za or
call 0800 00 SARS (7277)

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Y 2017

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007/007

Taxpayer Information

Personal Details

Surname **G E L D E N H U Y S**

First Name **N I C O L E N E T H E R E S A**

Other Name

Initials **N T** Date of Birth (CCYYMMDD) **1 9 8 5 0 3 0 3** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD)

Marital Status Not Married (Single, Divorced, Widow / Widower) Married in Community of Property Married out of Community of Property

Spouse Details

Initials **N T** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF)

Contact Details

Email **N I C O L E N E U D E M A N @ G M A I L . C O M**

Mark here with an "X" if you declare that you do not have an email address

Cell No. **0 8 1 4 0 2 8 5 9 7**

Mark here with an "X" if you declare that you do not have a cell phone number

Home Tel No.

Bus Tel No. **0 2 1 6 5 7 1 1 8 9**

Fax No.

Do you confirm that the email and telephone number(s) supplied are correct? Y N

IMPORTANT: Any changes made to your contact details on your return will not update your eFiling Security Contact Details. eFiling Security Contact Details can be maintained via "My Profile" on SARS eFiling, SARS eFiling App or at a SARS branch.

Bank Account Holder Declaration

I use South African bank accounts

I use a South African Bank Account of a 3rd party

I declare that I have no South African bank account

Reason for No Local / 3rd Party Bank Account

Non-residents without a local bank account

Insolvency / Curatorship

Deceased Estate

Shared Account

Income below tax threshold / Impractical

Statutory restrictions

Minor child

Bank Account Details

Bank Account Status

Account No.

All changes will be verified before updating your banking profile. SARS will let you know if you need to come in to a SARS branch with supporting documents. Bank details are required for refunds.

Branch No.

Account Type:

Cheque

Savings

Transmission

Bank Name

Branch Name

Account Holder Name (Account name as registered at bank)

Agreement Statement

Mark here with an 'X' if you do declare that this information is true and correct in every respect.

ITR12

L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

P

Y 2019

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003/005

Employee Tax Certificate Information [IRP5 / IT3(a)]

Employer Name F U T U R E G R O W T H A S S E T M A N A G E M E P T Y L T D

Certificate No. 7 5 4 0 7 4 3 8 5 5 2 0 1 9 0 2 V I P P 1 5 2 9 3 0 0 0 6 9 Year of Assessment (CCY) 2 0 1 9 PAYE Ref No. 7 5 4 0 7 4 3 8 5 5

Income Received

Table with 2 columns: Amount and Source Code. Contains 20 rows of tax data.

Income Received continued...

Table with 2 columns: Amount and Source Code. Contains 3 rows of tax data.

Deductions / Contributions / Information

Table with 2 columns: Amount and Source Code. Contains 10 rows of tax data.

Tax Credits and/or Employer / Employee Contribution

Table with 2 columns: Description and Amount. Contains 8 rows of tax data.

Pay Periods

Table with 2 columns: Description and Amount. Contains 4 rows of tax data.

Directive Numbers

Table with 2 columns: Directive No. and Amount. Contains 3 rows of tax data.

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

P
Y 2019

Declaration

Declaration

I declare that:

- The information furnished in this return is true and correct in every respect; and
- I have disclosed in full the gross amounts of all income accrued to or received by me during the period covered by this return; and
- I have the necessary receipts and records to support all my declarations on this form which I will retain for inspection purposes.

XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX

Please ensure you sign over
the 2 lines of "X"s above

Date
(CCYYMMDD)

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For enquiries go to www.sars.gov.za or
call 0800 00 SARS (7277)

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Y 2019

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005/005

Taxpayer Information

Personal Details

Surname **G E L D E N H U Y S**

First Name **N I C O L E N E T H E R E S A**

Other Name

Initials **N T** Date of Birth (CCYYMMDD) **1 9 8 5 0 3 0 3** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD)

Marital Status Not Married (Single, Divorced, Widow / Widower) Married in Community of Property Married out of Community of Property

Spouse Details

Initials **N T** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF)

Contact Details

Email **N I C O L E N E U D E M A N @ G M A I L . C O M**

Mark here with an "X" if you declare that you do not have an email address

Cell No. **0 8 1 4 0 2 8 5 9 7**

Mark here with an "X" if you declare that you do not have a cell phone number

Home Tel No.

Bus Tel No. **0 2 1 6 5 7 1 1 8 9**

IMPORTANT: Any changes made to your contact details on your return will not update your eFiling Security Contact Details. eFiling Security Contact Details can be maintained via "My Profile" on SARS eFiling, SARS eFiling App or at a SARS branch.

Do you confirm that the email and telephone number(s) supplied are correct? Y N

Physical Address Details

Unit No. **1 2** Complex (if applicable)

Street No. Street / Farm Name **V E N T N O R R O A D**

Suburb / District **M U I Z E N B E R G**

City / Town **C A P E T O W N** Country Code **Z A**

Postal Code **7 9 4 5**

Postal Address Details

Mark here with an "X" if same as above or complete your Postal Address. Is your Postal Address a Street Address? Y N

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)

PO Box Private Bag Other PO Special Service (specify) Number

Post Office Country Code

Postal Code

Unit No. **1 2** Complex (if applicable)

Street No. Street / Farm Name **V E N T N O R R O A D**

Suburb / District **M U I Z E N B E R G**

City / Town **C A P E T O W N** Country Code **Z A**

Postal Code **7 9 4 5**

ITR12

L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Y 2020

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002/006

Bank Account Holder Declaration

I use South African bank accounts

I use a South African Bank Account of a 3rd party

I declare that I have no South African bank account

Reason for No Local / 3rd Party Bank Account

Non-residents without a local bank account

Insolvency / Curatorship

Deceased Estate

Shared Account

Income below tax threshold / Impractical

Statutory restrictions

Minor child

Bank Account Details

Bank Account Status

Account No.

All changes will be verified before updating your banking profile. SARS will let you know if you need to come in to a SARS branch with supporting documents. Bank details are required for refunds.

Branch No.

Account Type:

Cheque

Savings

Transmission

Bank Name

Branch Name

Account Holder Name (Account name as registered at bank)

Agreement Statement

Mark here with an 'X' if you do declare that this information is true and correct in every respect.

ITR12

L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Y 2020

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003/006

Employee Tax Certificate Information [IRP5 / IT3(a)]

Employer Name **F U T U R E G R O W T H A S S E T M A N A G E M E P T Y L T D**

Certificate No. **7 5 4 0 7 4 3 8 5 5 2 0 2 0 0 2 V I P P 1 5 2 9 3 0 0 0 6 5** Year of Assessment (CCYY) **2 0 2 0** PAYE Ref No. **7 5 4 0 7 4 3 8 5 5**

Income Received

	Amount	Source Code
R	5 4 7 6 6 4	3 6 0 1
R	1 1 7 0 0 0	3 6 0 5
R	8 8 3	3 7 0 3
R	1 2 8 7 0	3 8 0 1
R	5 5 5 8 7	3 8 2 5
R		
R		
R		
R		
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R		
R		

Income Received continued...

	Amount	Source Code
Non-Taxable Income		
R	8 8 3	3 6 9 6
Gross Employment Income (Taxable)		
R	7 3 3 1 2 1	3 6 9 9

Deductions / Contributions / Information

R	4 1 0 7 4	4 0 0 1
R	5 5 5 8 7	4 0 0 3
R	5 5 5 8 7	4 4 7 3
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
Total Deductions / Contributions		
R	1 5 2 2 4 8	4 4 9 7

Tax Credits and/or Employer / Employee Contribution

PAYE R	1 6 5 2 0 6	3 4	4102
PAYE on Lump Sum Benefit			
R			4115
Employee and Employer UIF Contribution			
R	3 5 6 9	2 8	4141
Employer SDL Contribution			
R	6 3 6 4	6 0	4142
Total Tax, SDL and UIF			
R	1 7 5 1 4 0	2 2	4149
Medical Scheme Fees Tax Credit			
R	0	0 0	4116
Additional Medical Scheme Fees Tax Credit			
R	0	0 0	4120
Reason for Non-Deduction of Employees' Tax			
			4150

Pay Periods

Periods in Year of Assessment	3 6 6	0 0 0 0
No. of Periods Worked	3 6 6	0 0 0 0
Period Employed From (CCYYMMDD)	2 0 1 9 0 3 0 1	
Period Employed To (CCYYMMDD)	2 0 2 0 0 2 2 9	

Directive Numbers

Directive No.	
Directive No.	
Directive No.	

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Y 2020

Taxpayer Information - Deductions

Medical Deductions - Rands only, no cents

Medical expenditure (including medical scheme contributions made by you or your employer towards a medical scheme where you are the principal / main member)

Were you the principal /main member of a medical scheme to which you and / or your employer made contributions? Y N

In how many medical scheme(s) were you the principal / main member during this year of assessment?

Details of Medical Scheme

Medical Scheme Name:

DISCOVERY

Medical Scheme Membership Number

393260951

State the total number of dependants (including yourself) per month:

Mar	Apr	May	Jun	Jul	Aug
0	0	0	0 3	0 3	0 3
Sep	Oct	Nov	Dec	Jan	Feb
0 3	0 3	0 3	0 3	0 3	0 3

State the total medical contributions made by yourself and / or your employer to this scheme (incl. subsidies from former employer)

R 4005

State the medical subsidies from former employer (if applicable)

R 4493

State any medical expenses paid by you that were claimed from your medical scheme and reflected on the medical certificate. (other than physical impairment or disability expenses)

R 4020

Expenses not reflected on any medical certificate

State any qualifying medical expenses paid by you that were not claimed from any medical scheme and not reflected on any medical scheme certificate (other than physical impairment or disability expenses)

R 4034

Physical Impairment

State any qualifying physical impairment expenses paid by you and not recovered from any medical scheme(s) and not included above.

R 4022

Disability

Are you, your spouse or any of your qualifying children a person with a disability? Y N

If 'Yes', has this the disability been confirmed by a duly registered medical practitioner as prescribed? Y N

Indicate the number of qualifying person(s) with a disability:

ITR12

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Y 2020

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005/006

Declaration

Declaration

I declare that:

- The information furnished in this return is true and correct in every respect; and
- I have disclosed in full the gross amounts of all income accrued to or received by me during the period covered by this return; and
- I have the necessary receipts and records to support all my declarations on this form which I will retain for inspection purposes.

XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX

Please ensure you sign over
the 2 lines of "X"s above

Date
(CCYYMMDD)

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For enquiries go to www.sars.gov.za or
call 0800 00 SARS (7277)

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006/006

Taxpayer Information

Personal Details

Surname **G E L D E N H U Y S**

First Name **N I C O L E N E T H E R E S A**

Other Name

Initials **N T** Date of Birth (CCYYMMDD) **1 9 8 5 0 3 0 3** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD)

Marital Status Not Married (Single, Divorced, Widow / Widower) Married in Community of Property Married out of Community of Property

Spouse Details

Initials **N T** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF)

Contact Details

Email **N I C O L E N E U D E M A N @ G M A I L . C O M**

Mark here with an "X" if you declare that you do not have an email address

Cell No. **0 8 1 4 0 2 8 5 9 7**

Mark here with an "X" if you declare that you do not have a cell phone number

Home Tel No.

Bus Tel No. **0 2 1 6 5 7 1 1 8 9**

IMPORTANT: Any changes made to your contact details on your return will not update your eFiling Security Contact Details. eFiling Security Contact Details can be maintained via "My Profile" on SARS eFiling, SARS eFiling App or at a SARS branch.

Do you confirm that the email and telephone number(s) supplied are correct? Y N

Bank Account Holder Declaration

I use South African bank accounts

I use a South African Bank Account of a 3rd party

I declare that I have no South African bank account

Reason for No Local / 3rd Party Bank Account

Non-residents without a local bank account

Insolvency / Curatorship

Deceased Estate

Shared Account

Income below tax threshold / Impractical

Statutory restrictions

Minor child

Bank Account Details

Bank Account Status

Account No.

All changes will be verified before updating your banking profile. SARS will let you know if you need to come in to a SARS branch with supporting documents. Bank details are required for refunds.

Branch No.

Account Type:

Cheque

Savings

Transmission

Bank Name

Branch Name

Account Holder Name (Account name as registered at bank)

Agreement Statement

Mark here with an 'X' if you do declare that this information is true and correct in every respect.

ITR12

L 0 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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003/008

Employee Tax Certificate Information [IRP5 / IT3(a)]

Employer Name F U T U R E G R O W T H A S S E T M A N A G E M E N T (P T Y) L T D

Certificate No. 7 5 4 0 7 4 3 8 5 5 2 0 2 1 0 2 S A G E 0 0 0 1 0 0 0 0 5 9 Year of Assessment (CCYY) 2 0 2 1 PAYE Ref No. 7 5 4 0 7 4 3 8 5 5

Income Received

Amount	Source Code
R 5 8 6 0 6 9	3 6 0 1
R 1 5 4 7 0 0	3 6 0 5
R 4 6 7 2	3 7 0 7
R 1 3 7 7 2	3 8 0 1
R 5 9 4 8 6	3 8 2 5
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	

Income Received continued...

Amount	Source Code
Non-Taxable Income	
R	3 6 9 6
Gross Employment Income (Taxable)	
R	8 1 8 6 9 9
R	3 6 9 9

Deductions / Contributions / Information

R	4 3 9 5 5	4 0 0 1
R	5 9 4 8 6	4 0 0 3
R	5 9 4 8 6	4 4 7 3
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
R		
Total Deductions / Contributions		
R	1 6 2 9 2 7	4 4 9 7

Tax Credits and/or Employer / Employee Contribution

PAYE R	1 9 1 6 5 9	,	8 2	4102
PAYE on Lump Sum Benefit				
R		,		4115
Employee and Employer UIF Contribution				
R	3 5 6 9	,	2 8	4141
Employer SDL Contribution				
R	5 3 1 4	,	5 8	4142
Total Tax, SDL and UIF				
R	2 0 0 5 4 3	,	6 8	4149
Medical Scheme Fees Tax Credit				
R		,	0 0	4116
Additional Medical Scheme Fees Tax Credit				
R		,	0 0	4120
Reason for Non-Deduction of Employees' Tax				
				4150
Voluntary Over Deduction Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				

Pay Periods

Periods in Year of Assessment	1 2	,	0 0 0 0
No. of Periods Worked	1 2	,	0 0 0 0
Period Employed From (CCYYMMDD)	2 0 2 0 0 3 0 1		
Period Employed To (CCYYMMDD)	2 0 2 1 0 2 2 8		

Directive Numbers

Directive No.	2 8 9 3 9 2 6 5
Directive No.	
Directive No.	

ITR12 L 0 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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004/008

Taxpayer Information - Income

Investment Income (excl. Exempt Dividends and any amounts received/accrued as a beneficiary of a Trust(s), or deemed to have accrued in terms of s7)

Mark with an "X" if any of the amounts declared by you should be excluded from the communal estate (if married in community of property)

Note: All the investment income must be declared in full (even if you are married in community of property). Interest earned by a non-resident qualifying for an exemption in terms of s10(1)(h) must be included in the Local Interest income field. SARS will do the required apportionment(s) and / or apply the applicable exemptions.

Local Interest - Rands only, no cents

Local Interest (excluding SARS Interest)

R 4201

Allowable expenses in the production of interest (excluding bank charges)

SARS Interest during this year of assessment

SARS Interest received during this year of assessment

R 4237

Foreign Interest - Rands only, unless cents specified

Foreign Interest

R 4218

Foreign Tax Credits on Foreign Interest

R , 4113

Foreign Dividends - Rands only, unless cents specified

Gross Foreign Dividends subject to SA normal tax

R 1 8 2 4216

Institution

Acc No.

Amount

OLD MUTUAL UNIT TRUST MANAGERS (RF) (PTY)

500415039

R 182

Foreign Tax Credits on such Foreign Dividends

R , 4112

Distribution from a Real Estate Investment Trust(s) (REIT) / Taxable Local Dividends

Distribution from REIT / Taxable Local Dividends

R 4238

Dividends deemed to be income in terms of s8E and s8EA

Dividends deemed to be income in terms of s8E and s8EA

R 4292

ITR12 L 0 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Y 2021

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005/008

Taxpayer Information - Deductions

Medical Deductions - Rands only, no cents

Medical expenditure (including medical scheme contributions made by you or your employer towards a medical scheme where you are the principal / main member)

Were you the principal /main member of a medical scheme to which you and / or your employer made contributions? Y N

In how many medical scheme(s) were you the principal / main member during this year of assessment?

Details of Medical Scheme

Medical Scheme Name:

Discovery Health Medical Scheme

Medical Scheme Membership Number

3932609

State the total number of dependants (including yourself) per month:

Mar	Apr	May	Jun	Jul	Aug
<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Sep	Oct	Nov	Dec	Jan	Feb
<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>

State the total medical contributions made by yourself and / or your employer to this scheme (incl. subsidies from former employer)

R 4005

State any medical expenses paid by you that were claimed from your medical scheme and reflected on the medical certificate. (other than physical impairment or disability expenses)

R 4020

Expenses not reflected on any medical certificate

State any qualifying medical expenses paid by you that were not claimed from any medical scheme and not reflected on any medical scheme certificate (other than physical impairment or disability expenses)

R 4034

Physical Impairment

State any qualifying physical impairment expenses paid by you and not recovered from any medical scheme(s) and not included above.

R 4022

Disability

Are you, your spouse or any of your qualifying children a person with a disability? Y N

If 'Yes', has this the disability been confirmed by a duly registered medical practitioner as prescribed? Y N

Indicate the number of qualifying person(s) with a disability:

Medical subsidies from former employer(s) (if applicable)

State the medical subsidies from former employer

R 4493

Other Deductions / Exemptions - Rands only, no cents

Expenses against local taxable subsistence allowance

R 4017

Expenses against foreign taxable subsistence allowance

R 4019

Depreciation

R 4027

Home Office Expenses

R 4028

Travel Expenses (e.g. commission income)

R 4015

Amounts Refunded i.t.o. s11(nA) and 11(nB)

R 4042

Allowable Accountancy / Administration Expense

R 4043

Legal expenses i.t.o. s11(c)

R 4044

Bad debt/Provision for doubtful debt

R 4045

Use of motor vehicle

R 4046

Section 8C losses

R 4031

Holders of Public Office: Deduction i.t.o. s8(1)(d)

R 4047

Remuneration for foreign employment services that qualifies for s10(1)(o)(i) exemption

R 4033

Remuneration for foreign employment services that qualifies for s10(1)(o)(ii) exemption (excluding s 8A/8C gains and dividends)

R 4041

Deduction of interest repaid to SARS (in terms of s7F) that was previously taxed in terms of s7E

R 4052

Deduction i.t.o. s6quat(1C) for foreign taxes paid or proved to be payable to a foreign government of any country on any SA sourced trade income

R 4053

Other

R 4016

Description relating to other

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Declaration

Declaration

I declare that:

- The information furnished in this return is true and correct in every respect; and
- I have disclosed in full the gross amounts of all income accrued to or received by me during the period covered by this return; and
- I have the necessary receipts and records to support all my declarations on this form which I will retain for inspection purposes.

XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX

Please ensure you sign over
the 2 lines of "X"s above

Date
(CCYYMMDD)

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For enquiries go to www.sars.gov.za or
call 0800 00 SARS (7277)

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Taxpayer Information

Personal Details

Surname **G E L D E N H U Y S**

First Name **N I C O L E N E T H E R E S A**

Other Name

Initials **N T** Date of Birth (CCYYMMDD) **1 9 8 5 0 3 0 3** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD)

Marital Status Not Married (Single, Divorced, Widow / Widower) Married in Community of Property Married out of Community of Property

Spouse Details

Initials **N T** ID No. **8 5 0 3 0 3 0 1 0 9 0 8 1**

Passport No. Passport Country (e.g. South Africa = ZAF)

Contact Details

Email **N I C O L E N E U D E M A N @ G M A I L . C O M**

Mark here with an "X" if you declare that you do not have an email address

Cell No. **0 8 1 4 0 2 8 5 9 7**

Mark here with an "X" if you declare that you do not have a cell phone number

Home Tel No.

Bus Tel No. **0 2 1 6 5 7 1 1 8 9**

IMPORTANT: Any changes made to your contact details on your return will not update your eFiling Security Contact Details. eFiling Security Contact Details can be maintained via "My Profile" on SARS eFiling, SARS eFiling App or at a SARS branch.

Do you confirm that the email and telephone number(s) supplied are correct? Y N

Bank Account Holder Declaration

I use South African bank accounts

I use a South African Bank Account of a 3rd party

I declare that I have no South African bank account

Reason for No Local / 3rd Party Bank Account

Non-residents without a local bank account

Insolvency / Curatorship

Deceased Estate

Shared Account

Income below tax threshold / Impractical

Statutory restrictions

Minor child

Bank Account Details

Bank Account Status

Account No.

All changes will be verified before updating your banking profile. SARS will let you know if you need to come in to a SARS branch with supporting documents. Bank details are required for refunds.

Branch No.

Account Type:

Cheque

Savings

Transmission

Bank Name

Branch Name

Account Holder Name (Account name as registered at bank)

Agreement Statement

Mark here with an 'X' if you do declare that this information is true and correct in every respect.

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Employee Tax Certificate Information [IRP5 / IT3(a)]

Employer Name FUTURE GROWTH ASSET MANAGEMENT (PTY) LTD

Certificate No. 7540743855202202 SAGE0001000055 Year of Assessment (CCYY) 2022 PAYE Ref No. 7540743855

Income Received

Table with columns: Amount, Source Code. Rows include taxable income amounts like 567563 and 170530.

Income Received continued...

Table with columns: Amount, Source Code. Rows include Non-Taxable Income and Gross Employment Income (Taxable) amounts like 3696 and 883479.

Deductions / Contributions / Information

Table with columns: Amount, Source Code. Rows include various deductions and contributions amounts like 42567 and 99385.

Tax Credits and/or Employer / Employee Contribution

Table with columns: Description, Amount, Source Code. Rows include PAYE R (193072), PAYE on Lump Sum Benefit, Employee and Employer UIF Contribution, Employer SDL Contribution, Total Tax, SDL and UIF, Medical Scheme Fees Tax Credit, and Additional Medical Scheme Fees Tax Credit.

Pay Periods

Table with columns: Description, Amount, Source Code. Rows include Periods in Year of Assessment (12), No. of Periods Worked (12), Period Employed From (20210301), and Period Employed To (20220228).

Directive Numbers

Table with columns: Directive No. (multiple empty rows).

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Taxpayer Information - Income

Investment Income (excl. Exempt Dividends and any amounts received/accrued as a beneficiary of a Trust(s), or deemed to have accrued in terms of s7)

Mark with an "X" if any of the amounts declared by you should be excluded from the communal estate (if married in community of property)

Note: All the investment income must be declared in full (even if you are married in community of property). Interest earned by a non-resident qualifying for an exemption in terms of s10(1)(h) must be included in the Local Interest income field. SARS will do the required apportionment(s) and / or apply the applicable exemptions.

Local Interest - Rands only, no cents

Local Interest (excluding SARS Interest)

R 4201

Allowable interest expenses incurred in the production of interest received

SARS Interest during this year of assessment

SARS Interest received during this year of assessment

R 4237

Foreign Interest - Rands only, unless cents specified

Foreign Interest

R 4218

Foreign Tax Credits on Foreign Interest

R , 4113

Foreign Dividends - Rands only, unless cents specified

Gross Foreign Dividends subject to SA normal tax

R 9 2 2 4216

Institution	Acc No.	Amount
Old Mutual Unit Trust Managers (RF) (Pty) Ltd	21713358MTIOMLOA5120151498	R <input type="text"/> 329
Old Mutual Unit Trust Managers (RF) (Pty) Ltd	21728383MTIOMLOA5120151498	R <input type="text"/> 290
OLD MUTUAL UNIT TRUST MANAGERS (RF) (PTY)	500415039	R <input type="text"/> 303

Foreign Tax Credits on such Foreign Dividends

R , 4112

Distribution from a Real Estate Investment Trust(s) (REIT) / Taxable Local Dividends

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Taxpayer Information - Deductions

Medical Deductions - Rands only, no cents

Medical expenditure (including medical scheme contributions made by you or your employer towards a medical scheme where you are the principal / main member)

Were you the principal /main member of a medical scheme to which you and / or your employer made contributions? Y N

In how many medical scheme(s) were you the principal / main member during this year of assessment?

Details of Medical Scheme

Medical Scheme Name:

Discovery Health Medical Scheme

Medical Scheme Membership Number

3932609

State the total number of dependants (including yourself) per month:

Mar	Apr	May	Jun	Jul	Aug
<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Sep	Oct	Nov	Dec	Jan	Feb
<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

State the total medical contributions made by yourself and / or your employer to this scheme (incl. subsidies from former employer)

R 4005

State any medical expenses paid by you that were claimed from your medical scheme and reflected on the medical certificate. (other than physical impairment or disability expenses)

R 4020

Expenses not reflected on any medical certificate

State any qualifying medical expenses paid by you that were not claimed from any medical scheme and not reflected on any medical scheme certificate (other than physical impairment or disability expenses)

R 4034

Physical Impairment

State any qualifying physical impairment expenses paid by you and not recovered from any medical scheme(s) and not included above.

R 4022

Disability

Are you, your spouse or any of your qualifying children a person with a disability? Y N

If 'Yes', has this the disability been confirmed by a duly registered medical practitioner as prescribed? Y N

Indicate the number of qualifying person(s) with a disability:

Medical subsidies from former employer(s) (if applicable)

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Use of motor vehicle

R 4046

Section 8C losses

R 4031

Holders of Public Office: Deduction i.t.o. s8(1)(d)

R 4047

Remuneration for foreign employment services that qualifies for s10(1)(o)(i) exemption

R 4033

Remuneration for foreign employment services that qualifies for s10(1)(o)(ii) exemption (excluding s 8A/8C gains and dividends)

R 4041

Remuneration (s 8A/8C gains) taxed on IRP5 but comply with exemption in terms of s10(1)(o)(ii). (This amount is restricted to s 8A/8C gains, excluding dividends)

R 4032

Deduction of interest repaid to SARS (in terms of s7F) that was previously taxed in terms of s7E

R 4052

Deduction i.t.o. s6qua(1C) for foreign taxes paid or proved to be payable to a foreign government of any country on any SA sourced trade income

R 4053

Other

R 4016

Description relating to other

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Declaration

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XXXXXXXXXXXXXXXXXXXXXXXXXX

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