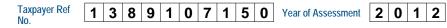
South African Revenue Service



ITR12

Taxpayer Information

Personal Details	ersonal 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 1 0 9 0 8 1															
Passport Passport Country (e.g. South Africa = ZAF)															
Married Not Married (Single, Divorced, Widowr) Married in Community of Property Married out of Community of Property															
Status															
Spouse Details															
Initials ID No. ID No.															
Passport Passport Country (e.g. South Africa = ZAF)															
No.															
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	t														
Cell No. 0 7 8 9 7 8 0 0 4 7 Details can be maintained via "My Profile" on SARS eFiling, SARS eFiling App or at a SARS branch."															
Mark here with an "X" if you declare that you do not have a cell phone number															
Home Home Home Home Home Home Home Home															
Bus Tel No. 0 2 1 2 0 0 8 5 7 4															
Fax No.															

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Unit No.]	Comp (if app	lex licable)																							
Street No.	1	7									Street Vame	/ Farm	ו [С	Η	Ε	S	T	E	F	2	(2	L	0	S	Ε									
Suburb / District	L	A	K	E		S	I	D	E																											
City / Town																												0	Count	ry Co	ode					
Postal Code	7	9	4	Į	5																															

Postal Ad	dress Details	
Mark here with a	an "X" if same as above or complete your Postal Address.	Is your Postal Address a Street Address? Y N
Postal Agency of	r 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.	Complex (if applicable)	
Street No.	Street / Farm Name	
Suburb / District		
City / Town		Country Code
Postal Code		

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Pank Account	Holder Declaration													
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	X											
Reason for No Loc	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.			ill be verified before updating your banking profi SARS branch with supporting documents. Bank v									
Branch No.		Account Type: Cheque	Savings	Transmission										
Bank Name														
Branch Name														
Account Holder Name (Account name as registered at bank)														
Agreement Stateme	ent													
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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Employee Tax Certificate Informa	ation [IRP5 / IT3(a)]		
Employer Name L E A F C A P I	ITAL			
Certificate No. 7 9 2 0 7 5 1 1 9	9 7 2 0 1 2 0	0 2 V I P P 0 1 2 7 3 0 0 0	18 Year of Asse (CCYY)	PAYE PAYE 7 9 2 0 7 5 1 1 9 7
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	SITE R 3 3 , 7 5 4101
R 1 5 0 9 7 5 R 4 0 0 0 0 0 0	3 6 0 1 3 6 0 5	Non-Taxable Income R D O	3 6 9 6	PAYE R 3 2 0 8 3 , 7 5 4102
R 4 0 0 0	3 6 0 5	Gross Retirement Funding Income		PAYE on Lump Sum Benefit R 4115
			3 6 9 7	Employee and Employer UIF Contribution R I I I I I I I I I I I I I I I I I I
		Gross Non-Retirement Funding Income R 1 9 0 9 7 5	3 6 9 8	R I 2 2 4 6 , 0 4 4141 Employer SDL Contribution
R				R 1 9 0 9 , 7 5 4142
R		Deductions / Contributions / Information		Total Tax, SDL and UIF R 3 6 2 7 3 2 9 4149
R				Medical Scheme Fees Tax Credit
R				R 4116
R				Reason for Non-Deduction of Employees' Tax 4150
R				
R				Pay Periods
				Periods in Year of Assessment 3 6 6 , 0
		R		No. of Periods Worked 2 7 4 , 0
R		R		Period Employed From (CCYYMMDD) 2 0 1 1 0 6 0 1
R		R		Period Employed To (CCYYMMDD) 2 0 1 2 0 2 2 9
R		R		Directive Numbers
				Directive No.
R				Directive No.
		R Total Deductions / Contributions		Directive No.
		R 0	4 4 9 7	
ITR12 L 2 FV 2023.3	13.00 SV 2001	CT 03 NO 1389107150		
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Employee Tax Certificate Information [IRP5 / IT3	3(a)]	
Employer Name N O L A N D S I N C O R P	0 R A T E D	
Certificate No. 7 4 1 0 7 3 5 6 2 7 2 0 1 2	0 2 V I P C 0 0 1 3 0 0 8 2 Year of Ass (CCYY)	PAYE PAYE 7 4 1 0 7 3 5 6 2 7
Income Received	Income Received continued	Tax Credits and/or Employer / Employee Contribution
Amount Source Code	Amount Source Code	SITE R
R 2 0 4 3 7 0 3		PAYE R 1 5 1 8 4102
R 1 7 1 8 3 6 0 5	R 204 3696	PAYE on Lump Sum Benefit
R 2 5 4 8 7 3 6 0 1	Gross Retirement Funding Income R 0 3 6 9 7	R
R 1 8 9 3 8 0 1	Gross Non-Retirement Funding Income	Employee and Employer UIF Contribution R O O 4141
R	R 2 7 3 9 4 3 6 9 8	Employer SDL Contribution
	Deductions / Contributions / Information	R 0 0 4142
		Total Tax, SDL and UIF R 1 5 2 9 7 9 4149
		Medical Scheme Fees Tax Credit
	R 9 7 4 0 1 8	R , 4116
		Reason for Non-Deduction of Employees' Tax 4150
	R	
	R	Pay Periods
	R	Periods in Year of Assessment 3 6 6 , 0 0 0
R	R	No. of Periods Worked 9 2 , 0 0 0 0
R	R	Period Employed From (CCYYMMDD) 2 0 1 1 0 3 0 1
R	R	Period Employed To (CCYYMMDD) 2 0 1 1 0 5 3 1
R	R	Directive Numbers
R		Directive No.
		Directive No.
	Total Deductions / Contributions	Directive No.
	R 3 8 7 4 4 9 7	
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Investment	Income ((excl. Exem	pt Dividends)
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Mark v exclud														oerty)		
	All ti rty).	he in SAR	vestr	nent i	ncom	ne mu	ist be	decla	ared (even	if yo	u are	marri	ed in	comm	unity of
Interest earned by a non-resident qualifying for an exemption i.t.o s10(1)(h) must be declared under 'Amounts considered non-taxable'														;		
Loc	cal	Int	eres	st -	Ranc	ls on	ly, no	o cent	İS							
Local	Inte	rest	(excl	uding	j SAI	RS In	iteres	st)								
R																4201
For	eiç	gn I	nte	rest	- R	Rands	s only	, unl	ess c	ents	spec	ified				
Foreig	jn In	itere	st													
R																4218
Foreig	gn T	ax C	Credit	s on	Fore	ign Ir	ntere	st								
R													,			4113
For	eiç	gn l	Divi	ider	nds	- 1	Rand	ls onl	y, un	less	cents	s spe	cified			
Gross	For	eign	Divi	dend	s sub	oject	to SA	A norr	nal ta	ах						
R																4216
Foreig	jn Ta	ax C	redit	s on s	such	Fore	ign E	Divide	nds							
R													, [4112
								te Ir	ives	stme	ent 1	Γrus	t(s)	(RE	EIT) i	/
Tax Distrib								Divid	onds							
R					Tuxu											4238
Divi	der	nds	dee	eme	d to	be i	inco	ome	in te	erm	s of	s8E	an	d s8	EA	
Divide	nds	dee	med	to be	inco	me ir	1 terr	ns of	s8E	and	s8EA					
R																4292

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Taxpayer Information - Deductions	Income Protection R 4018	
Medical Deductions - Rands only, no cents	Insurance Contributions	
Were you a member of a medical scheme to which you and/ Y N X	Travel Claim Against Allowance - Rands only, no cents	Travel Claim Against Allowance - Rands only, no cents
If yes, state the total number of members (including yourself) per month:	Did you use a logbook to determine your business km travelled? Y	Did you use a logbook to determine your business km travelled? Y N
Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Sep Oct Nov Dec Jan Feb State any medical scheme contributions made by yourself and not reflected on your IRP5/IT3(a) 4040 R 4040 4040 State any medical expenses not recovered from your medical scheme (other than physical impairment or disability expenses) 4020 R 4020 4020 State any physical impairment expenses not recovered from your medical scheme 4020	Indicate whether the vehicle was acquired by way of Purchase Agreement Vehicle Registration No. Car Make Car Model Year Manufactured Registration Ro Cost Price or Cash Value R Details of Kilometres Travelled	Dial job doe a logueout to determine job basilities in advance. I Indicate whether the vehicle was acquired by way of Purchase Agreement Vehicle Registration No. Car Make Car Model Vear Manufactured Cost Price or Cash Value R
not included above	Starting Date (CCYYMMDD)	Details of Kilometres Travelled
R 4022 Are you, your spouse or any of your qualifying children a V	Closing Date (CCYYMMDD)	Starting Date (CCYYMMDD)
person with a disability?		Closing Date (CCYYMMDD)
If 'Yes', has this disability been confirmed by a duly registered medical practitioner as prescribed? Y	Opening Kilometres	Opening Kilometres
State any disability expenses not recovered from your medical scheme	Closing Kilometres	Closing Kilometres
R 4023	Total Kilometres	Total Kilometres
Retirement and Income Protection Contributions - Rands only, no cents	Business Kilometres	Business Kilometres
Arrear Pension Fund Contributions R 4002 Retirement Annuity Fund Contributions R 4006 Arrear Retirement Annuity Fund Contributions R 4007		
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Declaration

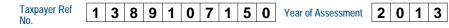
Declaration			
I have disclosed return; and	furnished in this return is true and correct in every res in full the gross amounts of all income accrued to or r ssary receipts and records to support all my declaration	eccived by me during the period covered by this	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date (CCYYMMDD)		For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of "X"s above

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SARS South African Revenue Service



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Taxpayer	Information

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Persona	al D	etail	s																																																
Surname	U	D	E	Μ	A	N	I																																												
First Name	Ν	Ι	С	0	L	E		I E	Ξ	-	Γ	H	E	R	E	S	A																																		
Other Name																																																			
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Passport No.						_													7	Pass	sport	Cou	ntry ((e.g.	Sou	th Afr	rica =	ZAF	-)							Pa	spor	t Issue	e Dat	te (CC	CYYI	MMD	D)								
Marital Status	Not	Marr	ied (Sing	le, D	ivorc	ed, \	Vido	w / V	Vidov	ver)				Ma	rried	in Co	mmun	ity of	Prope	erty			I	Marr	ied o	out of	Com	imuni	ty of	Prope	erty	X]		_							L	1		1		1	1	I	
Spouse	Deta	ails																																																	
Initials						1													I	D No.]															
Passport No.																			F	asspo	ort Co	ountr	y (e.	g. Sc	outh	Africa	a = Z	AF)					Z	A	F]															
Contact	t Def	tails																																																	
Email	Ν	I	С	0	L	E		I	E L	J [ו כ	E	M	A I	N	@	G	M A		 L		. (C (0	Μ																										
Mark here wi	ith an '	"X" if	you	decl	are t	hat y	ou d	o no	t hav	e an	ema	il ad	dress	5					IM	POR	TAN	T: A	ny c	hang	gesi	made	e to y	our	conta	nct de	etails	on y	our r	eturn	will n	ot up	date	/our e	Filing	g Sec	urity	Con	tact [Detai	ils. el	Filing	Seci	urity (Conta	ict	
Cell No.	0	8	1	4	0	2	8		5 9)	7																											ARS b													
Mark here wi											cell p	hone	num	iber																																					
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Bus Tel No.	0	2	1	2	0	0	8		5 7	7	4																																								
Fax No.																																																			

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Physical <i>I</i>	Address Details						
Unit No.	1 3		Complex (if applicable)		A L E		
Street No.				A Y W O R 1	T H		
Suburb / District	K I R S	T E N H	0 F				
City / Town	CAPE	TOW	N			Country Code ZA	
Postal Code	7 9 4 5						

ostal Address Details
k here with an "X" if same as above or complete your Postal Address. 🗙 Is your Postal Address a Street Address? Y
tal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
Box Other PO Special Service (specify) Number
t Office Country Code
tal Code
No. Complex (if applicable)
eet No. Street / Farm Name
urb / rict
/ Town
tal Code

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Bank Acco	unt	Hc	olde	er De	eclai	ratio	n																																					
I use South African bank accounts				use a Accoun				nk				e that frican			ount																													
Reason for No	Loc	cal	/ 3rc	d Par	ty B	Bank	Aco	cour	nt																																			
Non-residents without local bank account	а]	Insolve	ncy / (Curato	orship					Dec	ease	ed Es	tate]	Sha	ared	Ассо	unt					ome b shold	tax practi	cal	[9	Statu	tory re	estrict	ions]	Mino	r chil	d			
Bank Acco	unt	De	tails	5																																								
Bank Account Status										Ac	count	No.		X	X	X	X	X	8	5	5	6												ed befo									ou nee	ed to
Branch No. 0	5	1	0	0 1						Ac	count	Туре	:	Che	que		X		Sav	/ings					Trar	nsmis	ssion				iu a	SARS	Dian		i supp	orung	ients.	Dalik	uetaii		equire		s.	
Bank Name	T	A	Ν	DA	R	D		B	A	N K		S		A																														
	T	A	Ν	DA	R	D		B	A	N K	<u> </u>	S	0	U	Τ	Η		A	F	R		С	A	1																				
Account Holder Name (Account name as registered at bank)	Ν	I	C	OL	. E	Ν	Ε		U [DE	M	Α	Ν																															
Agreement Sta	atem	ent																																										

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 Inform	ation [IRP5 / IT3((a)]		
Employer Name L E A F C A P	ITAL			
Certificate No. 7 9 2 0 7 5 1 1	9 7 2 0 1 3	0 2 V I P P 0 1 2 7 3 0 0	45 Year of Asse (CCYY)	PAYE PAYE <th< td=""></th<>
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	SITE R 0 4101
R 2 3 6 8 7 R 6 5 7 3 7	3 6 0 1 3 6 0 5	Non-Taxable Income R O	3 6 9 6	PAYE R 5 4 6 8 7 , 5 0 4102
R		Gross Retirement Funding Income	3 6 9 7	R
R .		Gross Non-Retirement Funding Income	3 0 9 7	Employee and Employer UIF Contribution R 2 9 9 4 7 2 4141
R .		R 2 9 9 4 2 4	3 6 9 8	Employer SDL Contribution
R .		Deductions / Contributions / Information		R 2 9 9 4 , 2 5 4142
R		R R		Total Tax, SDL and UIF R 6 0 6 7 6 , 4 7 4149
R		R		Medical Scheme Fees Tax Credit R 4116
R		R		Reason for Non-Deduction of Employees' Tax 4150
R		R		
R		R		
R		R		Pay Periods Periods in Year of Assessment 3 6 5 0 0 0
R		R		
R		R		No. of Period Sworked 3 6 5 0
R .		R		Period Employed To (CCYYMMDD) 2 0 1 3 0 2 8
R		R R		Directive Numbers
R				Directive No.
R .				Directive No.
R		Total Deductions / Contributions		Directive No.
R		R 0	4 4 9 7	
ITR12 L 2 FV 2023.	13.00 SV 2001	1 CT 03 NO 1389107150		
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Taxpayer Information - Deductions	Income Protection R 4018	Holders of Public Office: Deduction i.t.o. s8(1)(d)
Medical Deductions - Rands only, no cents	Insurance Contributions	R 4047
Were you a member of a medical scheme to which you and/ Y X N	Other Deductions / Exemptions - Rands only, no cents	Amounts taxed on IRP5 but comply with exemption in terms of s(10)(0)(ii) (4041)
If yes, state the total number of members (including yourself) per month:	Expenses against local taxable subsistence allowance	Other
Mar Apr May Jun Jul Aug	R 4017	R 4016
030303030303	Expenses against foreign taxable subsistence allowance	Description relating to other
Sep Oct Nov Dec Jan Feb	R 4019	
030303030303	Donations allowable i.t.o. s 18A to approved public benefit organisations	
State any medical scheme contributions made by yourself and not reflected on your IRP5/IT3(a)	R 4011	
R 0 4040	Depreciation	
State any medical expenses not recovered from your medical scheme (other than physical impairment or disability expenses)	R 4027 Home Office Expenses 4027	
R 0 4020	R 4028	
State any physical impairment expenses not recovered from your medical scheme not included above	Travel Expenses (e.g. commission income)	
R 4022	R 4015	
Are you, your spouse or any of your qualifying children a Pr N X	Amounts Refunded i.t.o. s11(nA) and 11(nB)	
If 'Yes', has this disability been confirmed by a duly registered medical practitioner as prescribed?	R 4042 Allowable Accountancy / Administration Expense	
State any disability expenses not recovered from your medical scheme	R 4043	
R 4023	Legal expenses i.t.o. s11(c)	
Retirement and Income Protection Contributions - Rands only, no cents	R 4044 Bad debt/Provision for doubtful debt	
	R 4045	
Arrear Pension Fund R 4002	Use of motor vehicle	
Retirement Annuity	R 4046	
	Section 8C losses	
Arrear Retirement Annuity R 4007	R 4031	
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	Y 2013	
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Declaration

Declaration			
I have disclosed return; and	furnished in this return is true and correct in every res in full the gross amounts of all income accrued to or r ssary receipts and records to support all my declaration	eccived by me during the period covered by this	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date (CCYYMMDD)		For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of "X"s above

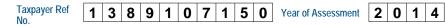
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South African Revenue Service



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Taxpayer	Information
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Persona	al C	Deta	ils																																																					
Surname	G	E		_	D	E	Ν	Η	l	ין	Y	S																																												
First Name	Ν		(D	L	Ε	N	E			Т	Η	E	R	E	5	5 /	4																																					
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Passport No.				T	T																	Ρ	Pass	port	Cou	untry	ı (e.	g. So	outh	Afric	:a =	ZAF)									Pas	sport	Issu	e Da	ite (C	СҮҮ	YMMI	DD)		Τ			Τ	Τ		
Marital Status	No	t Mai	rriec	l (Sir	gle,	Div	orce	d, W	/ido	w / V	Vido	wer))]	1	Marı	ied i	n Co	mmu	nity c	of Pr	rope	erty	5	x		Ма	arrie	ed ou	t of C	Comr	nunity	y of	Prop	erty														-1					1	
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Initials	J	G	;																			ID I	No.			8	5	0)	6	1	9	5	1	4	l 5	5 (0 8	B	9																
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Fax No.																																																								

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Unit No.	1	3								Comp (if ap _l	olex plicab	le)	В	L	0	0	M	D	Δ		L	E														
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Suburb / District	Κ	I	R	S	Т	Ε	Ν	Η	0	F]					
City / Town	С	Α	Ρ	Ε		Т	0	W	Ν																Сс	ountry	Cod	е	Ζ	Α						
Postal Code	7	9	4	5																																

Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Number Number
Post Office Country Code
Postal Code
Unit No. 1 3 Complex (if applicable) B L O O M D A L E Image: Complex (if applicable) Image: Complex (if
Street No. Street / Farm Name H A Y W O R T H I<
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Bank Acc	coun	it Ho	Ider	Dec	laratio	on																													
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Employee Tax Certificate Information	ation [IRP5 / IT3((a)]		
Employer Name L E A F C A P	ITAL			
Certificate No. 7 9 2 0 7 5 1 1 9	9 7 2 0 1 4	0 2 V I P P 0 1 2 7 3 0 0	1 5 Year of Ass (CCYY)	essment 2 0 1 4 PAYE Ref No. 7 9 2 0 7 5 1 1 9 7
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	SITE R 0 0 4101
R 5 6 0 5 0 R 2 7 3 0 2 5 R 2 7 3 0 2 5 R 2 7 3 0 2 5 R 2 7 3 0 2 5 R 2 7 3 0 2 5 R 2 7 3 0 2 5 R 2 7 3 0 2 5 R 2 1 2 1 1 1 1 R 2 2 3 2 5 1	3 6 0 5 3 6 0 1	Non-Taxable Income R	3 6 9 6 3 6 9 7 3 6 9 8	PAYE R 6 2 1 1 3 , 5 0 4102 PAYE on Lump Sum Benefit R 4115 Employee and Employer UIF Contribution R 4115 Employee and Employer UIF Contribution R 4114 Employer SDL Contribution . <td< td=""></td<>
R R		R		Reason for Non-Deduction of Employees' Tax 4150 Pay Periods
R		R		Periods in Year of Assessment 3 6 5 , 0 0 0 0
		R		No. of Periods Worked 3 6 5 , 0
		R		Period Employed From (CCYYMMDD) 2 0 1 3 0 3 0 1
R		R		Period Employed To (CCYYMMDD) 2 0 1 4 0 2 2 8
R		R Image: Contributions R Image: Contributions R Image: Contributions R Image: Contributions	4 4 9 7	Directive Numbers Directive No.
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Declaration

Dec	laration			
	 I have disclosed in return; and 	urnished in this return is true and correct in every res n full the gross amounts of all income accrued to or re ary receipts and records to support all my declaration	eceived by me during the period covered by this	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Date (CCYYMMDD)		For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of "X"s above

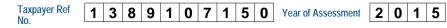
ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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South African Revenue Service



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Taxpayer	Information
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Persona	I Details	
Surname		
First Name		
Other Name		
Initials	N T Date of Birth (CCYYMMDD) 1 9 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)	
Spouse		
Initials	N T ID No. 8 5 0 3 0 1 0 9 0 8 1	
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Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Service (specify) Number Number
Post Office Country Code
Postal Code
Unit No. 1 2 Complex (if applicable) Complex
Street No. Street / Farm Name V E N T N O R R O A D Image: Comparison of the state of
Suburb / District M U I Z E N B E R G Image: Comparison of the compariso
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Bank Account Holder Declaration																																																		
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ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Employee Tax Certificate Inform	nation [IRP5 / IT3((a)]		
Employer Name L E A F C A P	ITAL			
Certificate No. 7 9 2 0 7 5 1 1	9 7 2 0 1 5	0 2 V I P P 0 1 2 7 3 0 0	14 Year of Asse (CCYY)	PAYE PAYE 7 9 2 0 7 5 1 1 9 7
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	SITE R 0 0 4101
R 3 0 8 5 0 0 R	3 6 0 1	Non-Taxable Income	3 6 9 6	PAYE R 7 6 7 7 3 , 5 0 4102
R 7 5 0 0 0	3 6 0 5	Gross Retirement Funding Income		PAYE on Lump Sum Benefit R 0 0 4115
R		R	3 6 9 7	Employee and Employer UIF Contribution
R		Gross Non-Retirement Funding Income		R 3 5 6 9 2 8 4141
R		R 3 8 3 5 0 0	3 6 9 8	R 3 8 3 5 0 0 4142
R		Deductions / Contributions / Information		Total Tax, SDL and UIF
R		R		R 8 4 1 7 7 , 7 8 4149
R		R		Medical Scheme Fees Tax Credit R O O 4116
R		R A A A A A A A A A A A A A A A A A A A		Reason for Non-Deduction of Employees' Tax 4150
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R		Total Deductions / Contributions	4 4 9 7	
R				
ITR12 L 2 FV 2023.	13.00 SV 2001	1 CT 03 NO 1389107150		
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Declaration

Dec	laration	
	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.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Date (CCYYMMDD) For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of "X"s above

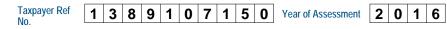
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South African Revenue Service



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Taxpayer	Information

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Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Service (specify)
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 Image: Comparison of the state of
Suburb / District M U I Z E N B E R G Image: Comparison of the state
City / Town C A P E T O W N I I I I Country Code Z A
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Employee Tax Certificate Inform	ation [IRP5 / IT3	3(a)]		
Employer Name L E A F C A P	ITAL			
Certificate No. 7 9 2 0 7 5 1 1 5	9 7 2 0 1 6	0 2 V I P P 0 1 2 7 3 0 0 0	1 1 Year of Ass (CCYY)	essment 2 0 1 6 PAYE Ref No. 7 9 2 0 7 5 1 1 9 7
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	PAYE R 1 4 0 4 2 5 , 4 1 4102
R 3 6 4 4 2 5	3 6 0 1	Non-Taxable Income		PAYE on Lump Sum Benefit
R 1 9 6 0 9 4	3 6 0 5	R	3 6 9 6	R 0 0 4115 Employee and Employer UIF Contribution
R		Gross Retirement Funding Income		R 3 5 6 9 , 2 8 4141
R		R 0	3 6 9 7	Employer SDL Contribution
R		R 5 6 0 5 1 9	3 6 9 8	R 5 6 0 5 4142 Total Tax, SDL and UIF
R				R 1 4 9 5 9 9 , 8 8 4149
		Deductions / Contributions / Information		Medical Scheme Fees Tax Credit
		R		R 0 0 4116
		R		Additional Medical Scheme Fees Tax Credit R 4120
R		R		
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Declaration

Dec	laration			
	 I have disclosed in return; and 	urnished in this return is true and correct in every res n full the gross amounts of all income accrued to or re ary receipts and records to support all my declaration	eceived by me during the period covered by this	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Date (CCYYMMDD)		For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of "X"s above

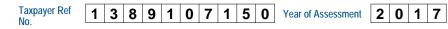
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South African Revenue Service



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Taxpayer	Information

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Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Service (specify) Number Number
Post Office Country Code
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Unit No. 1 2 Complex (if applicable) Complex
Street No. Street / Farm Name V E N T N O R R O A D Image: Comparison of the state of
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Bank Account Holder Declaration																																													
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Account Holder Name (Account name as registered at bank)		Ν	T	(GE	E	_ C	DE	EN	-	U	Y	S																																
Agreement Statement																																													
Mark here with an '	'X' if y	ou do	declar	e that	this ir	nform	ation	is tru	e and	corre	ct in e	very re	spect		[X																													

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Employee Tax Certificate Information [IRP5 / IT3(a)]															
Employer Name K U S A K A C O N S U L T V V L T D L L D L L L D L <thl< th=""> L L <thl< th=""> <th< td=""></th<></thl<></thl<>															
Certificate No. 7 5 0 0 7 8 1 4 3															
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution											
Amount	Source Code	Amount	Source Code	PAYE R 6 7 1 0 7 , 0 1 4102											
R 2 6 5 6 2 4	3 6 0 1	Non-Taxable Income		PAYE on Lump Sum Benefit											
R 1 7 6 9 8	3 6 0 5	R	3 6 9 6	R O O 4115 Employee and Employer UIF Contribution											
R 5 6 0 0	3 7 1 3	Gross Employment Income (Taxable)		R 2 0 8 2 , 0 8 4141											
R 3 1 8 7 5	3 8 2 5	R 3 2 0 7 9 7	3 6 9 9	Employer SDL Contribution											
				R 2 8 9 2 1 4142 Total Tax, SDL and UIF Image: Control of the second											
R				R 7 2 0 7 8 , 3 0 4149											
		Deductions / Contributions / Information		Medical Scheme Fees Tax Credit											
		R 3 1 8 7 5	4 0 0 3	R 0 0 4116											
R		R 3 1 8 7 5	4 4 7 3	Additional Medical Scheme Fees Tax Credit R 4120											
R		R													
R		R		Reason for Non-Deduction of Employees' Tax 4150											
R															
R				Pay Periods											
R				Periods in Year of Assessment 1 2 , 0											
R															
				Period Employed From (CCYYMMDD) 2 0 1 6 0 8 0 1 Period Employed To (CCYYMMDD) 2 0 1 7 0 2 2 8											
		R		Directive Numbers											
		R		Directive No.											
		R		Directive No.											
R		R		Directive No.											
R		Total Deductions / Contributions													
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Employee Tax Certificate Informatio	on [IRP5 / IT3(a)]			
Employer Name L E A F C A P I I	T A L			
Certificate No. 7 9 2 0 7 5 1 1 9 7	7 2 0 1 7 0 2 V I I	P P 0 1 2 7 3 0 0 0	1 0 Year of Asses (CCYY)	ssment 2 0 1 7 PAYE Ref No. 7 9 2 0 7 5 1 1 9 7
Income Received	Income R	eceived continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	PAYE R 7 5 0 4 2 , 7 0 4102
R 1 0 6 8 4 9 R	3 6 0 1 3 6 0 5		3 6 9 6 3 6 9 9	PAYE on Lump Sum Benefit R D D D D D D D D D D D D D D D D D D D
R R		s / Contributions / Information		Total Tax, SDL and UIF R 7 9 3 4 4 , 6 0 4149
R				Medical Scheme Fees Tax Credit 0 4116
R				Additional Medical Scheme Fees Tax Credit R Additional Medical Sch
R				Reason for Non-Deduction of Employees' Tax 4150
R				Pay Periods
R	R			Periods in Year of Assessment 3 6 5 , 0 0 0 0
R	R			No. of Periods Worked 1 5 1 0
R	R			Period Employed From (CCYYMMDD) 2 0 1 6 0 3 0 1
R	R			Period Employed To (CCYYMMDD) 2 0 1 6 0 7 2 9
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R .				Directive No.
				Directive No.
	Total Deductions /	Contributions		Directive No.
			4 4 9 7	
ITR12 L 2 FV 2023.13.	.00 SV 2001 CT 03	NO 1389107150 P		

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Taxpayer Information - Deductions	Remuneration for foreign employment services that qualifies for s10(1)(o)(ii) exemption (excluding s 8A/8C gains and dividends)
Other Deductions / Exemptions - Rands only, no cents	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)
Expenses against local taxable subsistence allowance	R 4032
R 4017	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
Expenses against foreign taxable subsistence allowance	
R 4019	R 4053
Depreciation	Other
R 4027	R 4016
Home Office Expenses	Description relating to other
R	
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	
ITR12 L 2 FV 2023.13.00 SV 2001	CT 03 NO 1389107150
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Declaration

Declaration			
 I have disclosed return; and 	furnished in this return is true and correct in every res in full the gross amounts of all income accrued to or r sary receipts and records to support all my declaration	received by me during the period covered by this	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date (CCYYMMDD)		For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of 'X's above

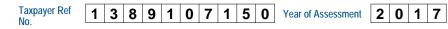
ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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South African Revenue Service



ITR12

Taxpayer	Information

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Postal Code	7	9	4	5]																							

Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Service (specify) Number Number
Post Office Country Code
Postal Code
Unit No. 1 2 Complex (if applicable) Complex
Street No. Street / Farm Name V E N T N O R R O A D Image: Comparison of the state of
Suburb / District M U I Z E N B E R G Image: Comparison of the compariso
City / Town C A P E T O W N Image: Comparison of the second seco
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ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

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Employee Tax Certificate Informa	ation [IRP5 / IT3	(a)]		
Employer Name KUSAGA GAA	KACO	N S U L T I N G (P T Y)	LTD	
Certificate No. 7 5 0 0 7 8 1 4 3	22017	0 2 0 0 0 0 1 0 0 0 0 0	13Year of Ass (CCYY)	PAYE PAYE 7 5 0 0 7 8 1 4 3 2
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	PAYE R 6 7 1 0 7 , 0 1 4102
R 2 6 5 6 2 4	3 6 0 1	Non-Taxable Income		PAYE on Lump Sum Benefit
R 1 7 6 9 8	3 6 0 5	R	3 6 9 6	R O O 4115 Employee and Employer UIF Contribution
R 5 6 0 0	3 7 1 3	Gross Employment Income (Taxable)		R 2 0 8 2 , 0 8 4141
R 3 1 8 7 5	3825	R 3 2 0 7 9 7	3 6 9 9	Employer SDL Contribution
R				Total Tax, SDL and UIF R 7 2 0 7 8 , 3 0 4149
		Deductions / Contributions / Information		Medical Scheme Fees Tax Credit
		R 3 1 8 7 5	4 0 0 3	R 0 0 4116
R		R 3 1 8 7 5	4 4 7 3	Additional Medical Scheme Fees Tax Credit R 4120
R		R		
R		R		Reason for Non-Deduction of Employees' Tax 4150
R				
R		R		Pay Periods
				Periods in Year of Assessment 1 2 , 0
R				No. of Periods Worked 6 , 9 6 9 8
		R		Period Employed From (CCYYMMDD) 2 0 1 6 0 8 0 1
R		R		Period Employed To (CCYYMMDD) 2 0 1 7 0 2 2 8
R		R		Directive Numbers Directive No.
R		R		Directive No.
R		R		Directive No.
R		Total Deductions / Contributions		
R		R 6 3 7 5 0	4 4 9 7	
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Employee Tax Certificate Informatio	on [IRP5 / IT3(a)]			
Employer Name L E A F C A P I I	T A L			
Certificate No. 7 9 2 0 7 5 1 1 9 7	7 2 0 1 7 0 2 V I I	P P 0 1 2 7 3 0 0 0	1 0 Year of Asses (CCYY)	ssment 2 0 1 7 PAYE Ref No. 7 9 2 0 7 5 1 1 9 7
Income Received	Income R	eceived continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	PAYE R 7 5 0 4 2 , 7 0 4102
R 1 0 6 8 4 9 R	3 6 0 1 3 6 0 5		3 6 9 6 3 6 9 9	PAYE on Lump Sum Benefit R D D D D D D D D D D D D D D D D D D D
R R		s / Contributions / Information		Total Tax, SDL and UIF R 7 9 3 4 4 , 6 0 4149
R				Medical Scheme Fees Tax Credit 0 4116
R				Additional Medical Scheme Fees Tax Credit R Additional Medical Sch
R				Reason for Non-Deduction of Employees' Tax 4150
R				Pay Periods
R	R			Periods in Year of Assessment 3 6 5 , 0 0 0 0
R	R			No. of Periods Worked 1 5 1 0
R	R			Period Employed From (CCYYMMDD) 2 0 1 6 0 3 0 1
R	R			Period Employed To (CCYYMMDD) 2 0 1 6 0 7 2 9
R	R			Directive Numbers
R .				Directive No.
R				Directive No.
R	Total Deductions /	Contributions		Directive No.
			4 4 9 7	
ITR12 L 2 FV 2023.13.	.00 SV 2001 CT 03	NO 1389107150 P		

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Taxpayer Information - Deductions	Remuneration for foreign employment services that qualifies for s10(1)(o)(ii) exemption (excluding s 8A/8C gains and dividends)
Other Deductions / Exemptions - Rands only, no cents	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)
Expenses against local taxable subsistence allowance	R 4032
R 4017	Deduction i.t.o. s6 <i>quat</i> (1C) for foreign taxes paid or proved to be payable to a foreign government of any country on any SA sourced trade income
Expenses against foreign taxable subsistence allowance	
R 4019	R 4053
Depreciation	Other
R 4027	R 4016
Home Office Expenses	Description relating to other
R	
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	
ITR12 L 2 FV 2023.13.00 SV 2001	CT 03 NO 1389107150
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Declaration

Declaration			
 I have disclosed return; and 	furnished in this return is true and correct in every res in full the gross amounts of all income accrued to or r sary receipts and records to support all my declaration	received by me during the period covered by this	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date (CCYYMMDD)		For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of 'X's above

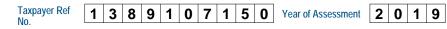
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SARS South African Revenue Service



ITR12

Taxpayer	Information

· ·	3			
Person	al Details			
Surname	GELDE	ENHUYS		
First Name	N I C O L	_ E N E		
Other Name				
Initials	NT	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	F) Passport Issue Date (CCYYMMDD)
Marital Status	Not Married (Single, E	Divorced, Widow / Widower) Married in	Community of Property X Married out of Com	Immunity of Property
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Spouse	Details			
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Email	NICOL	_ E N E U D E M A N @ G	M A I L . C O M	
Mark here w	ith an "X" if you declare	that you do not have an email address	IMPORTANT: Any changes made to your	contact details on your return will not update your eFiling Security Contact Details. eFiling Security Contact
Cell No.	0 8 1 4 0	0 2 8 5 9 7	Details can be maintained via "My Profile" of	on SARS eFiling, SARS eFiling App or at a SARS branch."
Mark here w	ith an "X" if you declare	that you do not have a cell phone number		
Home Tel No.				
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Do you confir	m that the email and telep	phone number(s) supplied Y X N		
are correct?				
IT	R12 L	2 FV 2023.13.00 SV 2001	CT 03 NO 1389107150	
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Postal Code	7	9	4	5																															

Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Service (specify) Number Number
Post Office Country Code
Postal Code
Unit No. 1 2 Complex (if applicable) Complex
Street No. Street / Farm Name V E N T N O R R O A D Image: Comparison of the state of
Suburb / District M U I Z E N B E R G Image: Comparison of the compariso
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Account Holder Name (Account name as registered at bank)		Ν		G	E	LI	D	E	N	H	U	Y	S																																			
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Employee Tax Certificate Informa	tion [IRP5 / IT3	(a)]		
Employer Name F U T U R E G R O	WTHA	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	0 6 9 Year of Asso (CCYY)	essment 2 0 1 9 PAYE Ref No. 7 5 4 0 7 4 3 8 5 5
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	PAYE R 1 0 8 3 5 1 , 8 8 4102
R 5 0 0 5 9 2	3 6 0 1	Non-Taxable Income		PAYE on Lump Sum Benefit R 4115
R 1 0 0 0	3 6 0 5	R 7772	3 6 9 6	K 4113 Employee and Employer UIF Contribution
R 7 7 2	3 7 0 3	Gross Employment Income (Taxable) R 5 7 3 1 9 7	3 6 9 9	R 3 5 6 9 , 2 8 4141
R 1 1 7 9 5	3 8 0 1		3099	Employer SDL Contribution R 4 8 4 8 4 4 4 4142
R 5 0 8 1 0	3 8 2 5			Total Tax, SDL and UIF
R		Deductions / Contributions / Information		R 1 1 6 7 6 9 , 6 0 4149
				Medical Scheme Fees Tax Credit 0 4116
			4 0 0 1	Additional Medical Scheme Fees Tax Credit
R		R 5 0 8 1 0	4 0 0 3	R 0 0 4120
R		R 5 0 8 1 0	4 4 7 3	Reason for Non-Deduction of Employees' Tax 4150
		R		
		R		Pay Periods
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R		R		Directive Numbers
R		R		
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R		Total Deductions / Contributions		Directive No.
R		R 1 3 9 1 6 4	4 4 9 7	
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Declaration

Dec	laration	
	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.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Date (CCYYMMDD) For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of "X"s above

ITR12 L 2 FV 2023.13.00 SV 2001 CT 03 NO 1389107150

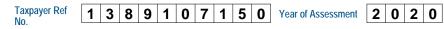
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Postal Code	7	9	4	5																															

Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Service (specify)
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 Image: Control of the strength of the strengt of the strength of the strengt of the strengt of the str
Suburb / District M U I Z E N B E R G Image: Comparison of the compariso
City / Town C A P E T O W N I I I Country Code Z A
Postal Code 7 9 4 5 4

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Employee Tax Certificate Informa	ation [IRP5 / IT3([a)]		
Employer Name F U T U R E G R C	WTHAS	S S E T M A N A G E M E	P T Y L	
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 Ass (CCYY)	Sessment 2 0 2 0 PAYE Ref No. 7 5 4 0 7 4 3 8 5 5
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	PAYE R 1 6 5 2 0 6 , 3 4 4102
R 5 4 7 6 6 4	3 6 0 1	Non-Taxable Income	[PAYE on Lump Sum Benefit
R 1 1 7 0 0 0	3 6 0 5	R 883	3 6 9 6	R 4113 Employee and Employer UIF Contribution
R 8 8 3	3 7 0 3	Gross Employment Income (Taxable) R 7 3 3 1 2 1	3 6 9 9	R 3 5 6 9 , 2 8 4141
R 1 2 8 7 0	3 8 0 1		3 0 9 9	Employer SDL Contribution
R 5 5 5 8 7	3 8 2 5			R 6 3 6 4 4142 Total Tax, SDL and UIF 6 6 3 6 4 4142
R				R 1 7 5 1 4 0 , 2 2 4149
R		Deductions / Contributions / Information		Medical Scheme Fees Tax Credit
R		R 4 1 0 7 4	4 0 0 1	R 0 4116 Additional Medical Scheme Fees Tax Credit
R		R 5 5 5 8 7	4 0 0 3	R 0 0 4120
		R 5 5 5 8 7	4 4 7 3	Reason for Non-Deduction of Employees' Tax 4150
		R		
R		R		Pay Periods
R		R		Periods in Year of Assessment 3 6 6 , 0
R		R		No. of Periods Worked 3 6 0
R		R		Period Employed From (CCYYMMDD) 2 0 1 9 0 3 0 1
R		R A		Period Employed To (CCYYMMDD) 2 0 2 0 2 2 9
R		R		Directive Numbers
R		R		Directive No.
R		R R		Directive No.
R		Total Deductions / Contributions		Directive No.
R I I I I I I I I I I I I I I I I I I I		R 1 5 2 2 4 8	4 4 9 7	
ITR12 L 2 FV 2023.1	13.00 SV 2001	L CT 03 NO 1389107150		
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Taxpayer	Informat	ion - Ded	luctions
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Medica	al Deduc	tions - R	ands onl	y, no c	ents						phy	dical s isical		
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Medical Sch	ama Mami	horshin Nu	mbor								Ind	icate I	the n	un
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State the to	tal number	of depend	lants (inc	luding	yourse	elf) per i	nonth	1:						
Mar	Apr	Ма	y	Jun		Jul			Aug					
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Sep	Oct	No	v	Dec		Jar	1		Feb)				
03	03	0	3	0	3	0	3		0	3				
State the to scheme (inc	tal medical	contributions from form	ons made	e by yo over)	urself	and / or	your	emp	loyer	to this				
R					4	4 7	0	4	4	4005				
State the m	edical subs	idies from	former e	mploy	er (if a	pplicable	e)							
R										4493				
State any m and reflecte expenses)	edical expe d on the m	enses paic edical cert	by you t ificate. (c	hat we other th	re clai an phy	med fro ysical in	m you npairn	ur me nent	edical or dis	scheme ability				
R						1 0	3	0	7	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)

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Physical Impairment

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

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Disability

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

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

Y
N

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Declaration

Dec	laration			
	 I have disclosed in return; and 	urnished in this return is true and correct in every res n full the gross amounts of all income accrued to or re ary receipts and records to support all my declaration	eceived by me during the period covered by this	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Date (CCYYMMDD)		For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	the 2 lines of "X"s above

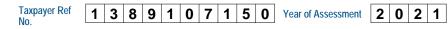
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South African Revenue Service



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Taxpayer	Information

Person	Details
Surname	GELDENHUYS
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 3 ID No.
Passport No.	Passport Issue Date (CCYYMMDD)
Marital Status	Not Married (Single, Divorced, Widow / Widower) Married in Community of Property Married out of Community of Property
Sidius	
Spouse	Details
Initials	N T DNO. 8 5 0 3 0 3 0 9 0 8 1
Passport No.	Passport Country (e.g. South Africa = ZAF)
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Email	N I C O L E N E M A N @ G M A I L . C O M .
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are correct?	hat the email and telephone number(s) supplied Y X N
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Physical Address Details																																			
Unit No.	1	2]	Comple (if appli	ex icable)																								
Street No.										Street / Name	Farm	V	Ε	Ν	Т	Ν	0	R	R	0	A	D)												
Suburb / District	Μ	U	I	Z	Ε	Ν	В	Ε	R	G]				
City / Town	С	Α	Ρ	Ε		Т	0	W	Ν																Coun	try C	ode		Ζ	Α]				
Postal Code	7	9	4	5																															

Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Service (specify) Number Number
Post Office Country Code
Postal Code
Unit No. 1 2 Complex (if applicable) Complex
Street No. Street / Farm Name V E N T N O R R O A D Image: Comparison of the state of
Suburb / District M U I Z E N B E R G Image: Comparison of the compariso
City / Town C A P E T O W N Image: Comparison of the second seco
Postal Code 7 9 4 5 4

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Account Holder Name (Account name as registered at bank)	[N	G	Εl	_ C) E	Ν	Η	U	Y	S																														
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Employee Tax Certificate Informa	ation [IRP5 / IT3((a)]		
Employer Name F U T U R E G R C	WTHA	S S E T M A N A G E M E N	I T (P T	Y) LTD
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 Asset	essment 2 0 2 1 PAYE Ref No. 7 5 4 0 7 4 3 8 5 5
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution
Amount	Source Code	Amount	Source Code	PAYE R 1 9 1 6 5 9 , 8 2 4102
R 5 8 6 0 6 9	3 6 0 1	Non-Taxable Income		PAYE on Lump Sum Benefit R 4115
R 1 5 4 7 0 0	3 6 0 5		3 6 9 6	K 4113 Employee and Employer UIF Contribution
R 4 6 7 2	3 7 0 7	Gross Employment Income (Taxable) R 8 1 8 6 9 9	3 6 9 9	R 3 5 6 9 2 8 4141
R 1 3 7 7 2	3 8 0 1		3 0 3 3	Employer SDL Contribution R 5 3 1 4 5 8 4142
R 5 9 4 8 6	3 8 2 5			Total Tax, SDL and UIF
R		Deductions / Contributions / Information		R 2 0 0 5 4 3 , 6 8 4149
R		R 4 3 9 5 5	4 0 0 1	Medical Scheme Fees Tax Credit 0 4116
R		R 5 9 4 8 6	4 0 0 3	Additional Medical Scheme Fees Tax Credit
R		R 5 9 4 8 6		R 0 0 4120
R		R 3 9 4 8 0	4 4 7 3	Reason for Non-Deduction of Employees' Tax 4150
R				Voluntary Over Deduction Y X N
				Pay Periods
R				Periods in Year of Assessment 1 2 , 0
		R		No. of Periods Worked 1 2 , 0 0 0 0
		R		Period Employed From (CCYYMMDD) 2 0 2 0 3 0 1 Decid Employed From (CCYYMMDD) 2 0 2 0 3 0 1
		R		Period Employed To (CCYYMMDD) 2 0 2 1 0 2 2 8 Directive Numbers
R		R		Directive No. 2 8 9 3 9 2 6 5
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R		R		Directive No.
R		Total Deductions / Contributions R 1 6 2 9 2 7	4 4 9 7	
R			4 4 3 1	
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Taxpayer Information - Income		
Investment Income (excl. Exempt Dividends and any amounts received	ved/accrued as a beneficiary of a Trust(s), or deemed to have accrued in t	erms 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 prop Interest earned by a non-resident qualifying for an exemption in terms of s10(1)(h) must be included in apply the applicable exemptions.	perty). In the Local Interest income field. SARS will do the required apportionment(s) and / or
Local Interest - Rands only, no cents		
Local Interest (excluding SARS Interest) R		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 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 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		
Distribution from a Real Estate Investment Trust(s) (REIT) / Taxable	Local Dividends	
Distribution from REIT / Taxable Local Dividends 4238 R		
Dividends deemed to be income in terms of s8E and s8EA		
Dividends deemed to be income in terms of s8E and s8EA 4292 R		
ITR12 L 0 FV 2023.13.00 SV 2001	CT 03 NO 1389107150	
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Taxpayer Information - Deductions	Physical Impairment	Other Deductions / Exemptions - Rands only, no cents													
Medical Deductions - Rands only, no cents	State any qualifying physical impairment expenses paid by you and not recovered from any medical scheme(s) and not included above.	Expenses against local taxable subsistence allowance													
Medical expenditure (including medical scheme contributions made by you or your employer towards a medical scheme where you are the principal / main member)	R 4022 Disability	R 4017 Expenses against foreign taxable subsistence allowance													
Were you the principal /main member of a medical scheme to which you and / or your employer made contributions?	Are you, your spouse or any of your qualifying children a Y N X	R 4019 Depreciation 4019													
In how many medical scheme(s) were you the principal / main member during this year of assessment?	If 'Yes', has this the disability been confirmed by a duly registered medical practitioner as prescribed?	R 4027													
Details of Medical Scheme	Indicate the number of qualifying person(s) with a disability:	Home Office Expenses													
Medical Scheme Name: Discovery Health Medical Scheme	Medical subsidies from former employer(s) (if applicable)	R 0 4028 Travel Expenses (e.g. commission income)													
Medical Scheme Membership Number	State the medical subsidies from former employer	R 4015 Amounts Refunded i.t.o. s11(nA) and 11(nB)													
3932609	R 4493	R 4042													
State the total number of dependants (including yourself) per month:		Allowable Accountancy / Administration Expense													
Mar Apr May Jun Jul Aug		R 4043													
		Legal expenses i.t.o. s11(c)													
Sep Oct Nov Dec Jan Feb		R 4044													
		Bad debt/Provision for doubtful debt													
		R 4045													
State the total medical contributions made by yourself and / or your employer to this scheme (incl. subsidies from former employer)		Use of motor vehicle													
R 6 7 4 7 6		R 4046													
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)		Section 8C losses													
R 2 9 1 8 7 4020		R 4031													
		Holders of Public Office: Deduction i.t.o. s8(1)(d)													
Expenses not reflected on any medical certificate		R 4047													
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		Remuneration for foreign employment services that qualifies for s10(1)(o)(i) exemption													
physical impairment or disability expenses) 4034		R 4033													

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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. Date (CCYYMMDD) 2 0 2 0 6 9 For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277) Please ensure you sign over the 2 lines of "X"s above

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South African Revenue Service



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	Taxpayer	Information
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Person	al Details
Surname	GELDENHUYS
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 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	Not Married (Single, Divorced, Widowr) Married in Community of Property Married out of Community of Property
Status	
Spouse	Details
Initials	N T ID No. 8 5 0 3 0 1 0 9 0 8 1
Passport No.	Passport Country (e.g. South Africa = ZAF)
Contac	t Details
Email	
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Home Tel No.	
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Unit No.	1	2]	Comple (if appli	ex icable)																								
Street No.										Street / Name	Farm	V	Ε	Ν	Т	Ν	0	R	R	0	A	D)												
Suburb / District	Μ	U	I	Z	Ε	Ν	В	Ε	R	G]				
City / Town	С	Α	Ρ	Ε		Т	0	W	Ν																Coun	try C	ode		Ζ	Α]				
Postal Code	7	9	4	5																															

Postal Address Details
Mark here with an "X" if same as above or complete your Postal Address.
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)
PO Box Private Bag Other PO Special Service (specify) Number Number
Post Office Country Code
Postal Code
Unit No. 1 2 Complex (if applicable) Complex
Street No. Street / Farm Name V E N T N O R R O A D Image: Comparison of the state of
Suburb / District M U I Z E N B E R G Image: Comparison of the compariso
City / Town C A P E T O W N Image: Comparison of the second seco
Postal Code 7 9 4 5 4

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Bank Acc	Bank Account Holder Declaration																																									
I use South African bank accounts	n	3	<	l use a Accou				ank				e that frican			ount	[
Reason for	No	Loca	I / 3	rd Pa	rty	Banl	< Ac	cou	nt																																	
Non-residents with local bank accoun				Insolv	ency	/ Cura	torship)				Dec	ease	d Est	ate	[Sha	red A	Αссоι	unt					belov d / Im]	Statu	itory r	estric	tions]	Mino	or child	t			
Bank Acc	cou	nt D	etai	ls																																						
Bank Account Status										A	couni	t No.		X	Χ	Χ		X	8	5	5	6																	rill let y require		/ou nee ls.	ed to
Branch No.	0	5 ′	0	0	1					A	coun	t Type	:	Che	que	l	X		Savi	ings				Tra	ansmi	ssior	I		 						 					 		_
Bank Name	S	Т	۱N	D	A	R D		В	A	N	(S		Α																												
Branch Name	S	Т	۱N	D	A	R D		В	A	NK	(S	0	U	Т	Η		A	F	R	I	С	A																			
Account Holder Name (Account name as registered at bank)		Ν	G	E	L	DE	Ν	Η	U	YS	5																															
Agreement	Stat	emer	it																																							
Mark here with an '	'X' if y	ou do de	eclare t	hat this	inform	ation i	s true a	and co	orrect i	ı ever	/ respe	ect.		X]																											

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Employee Tax Certificate Information [IRP5 / IT3(a)]										
Employer Name F U T U R E G R O	WTHAS	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 2	0 2 S A G E 0 0 0 1 0 0 0 0 0	5 5 Year of Asse (CCYY)	PAYE PAYE 7 5 4 0 7 4 3 8 5 5						
Income Received		Income Received continued		Tax Credits and/or Employer / Employee Contribution						
Amount	Source Code	Amount	Source Code	PAYE R 1 9 3 0 7 2 , 9 9 4102						
R 5 6 7 5 6 3	3 6 0 1	Non-Taxable Income		PAYE on Lump Sum Benefit						
R 1 7 0 5 3 0	3 6 0 5	R	3 6 9 6	R						
R 1 4 1 2 6	3 8 0 1	Gross Employment Income (Taxable)		R 4 0 8 0 , 4 8 4141						
R 2090	3808	R 8 8 3 4 7 9	3 6 9 9	Employer SDL Contribution						
R 2 9 7 8 5	3 8 1 0			R 7 4 1 5 3 0 4142 Total Tax, SDL and UIF Image: SD						
R 999385	3 8 2 5			R 2 0 4 5 6 8 , 7 7 4149						
R		Deductions / Contributions / Information		Medical Scheme Fees Tax Credit						
		R 4 2 5 6 7	4 0 0 1	R 4 4 4 0 , 0 0 4116						
		R 99385	4 0 0 3	Additional Medical Scheme Fees Tax Credit R Additional Medical Sch						
R		R 2 9 7 8 5	4 0 0 5	Reason for Non-Deduction of Employees' Tax 4150						
R		R 999385	4 4 7 3							
R		R		Voluntary Over Deduction Y N X Pay Periods						
R		R 2 9 7 8 5	4 4 7 4	Periods in Year of Assessment 1 2 , 0 0 0 0						
R		R		No. of Periods Worked 1 2 0						
R		R		Period Employed From (CCYYMMDD) 2 0 2 1 0 3 0 1						
				Period Employed To (CCYYMMDD) 2 0 2 0 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 0 2 2 8						
R				Directive Numbers						
				Directive No.						
		R		Directive No.						
		R Castribution		Directive No.						
		Total Deductions / Contributions R 3 0 9 0 7	4 4 9 7	Directive No.						
R				Directive No.						
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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 pro Interest earned by a non-resident qualifying for an exemption in terms of s10(1)(h) must be included in apply the applicable exemptions.	perty). n the Local Interest income field. SARS will do the required apportionment(s) and / or						
Local Interest - Rands only, no cents								
Local Interest (excluding SARS Interest) 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								
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 329						
Institution	Acc No.	Amount						
Old Mutual Unit Trust Managers (RF) (Pty) Ltd	21728383MTIOMLOA5120151498	R 290						
Institution	Acc No.	Amount						
OLD MUTUAL UNIT TRUST MANAGERS (RF) (PTY)	500415039	R 303						
Foreign Tax Credits on such Foreign Dividends								
R								
Distribution from a Real Estate Investment Trust(s) (REIT) / Taxable	Local Dividends							
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Distribution from REIT / Taxable Local Dividends R A 2 7 4 4238									
Institution Acc No. Amount									
Old Mutual Unit Trust Managers (RF) (Pty) Ltd	21728383MTIOMAQA5120151498	R	274						
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	Physical Impairment	Other Deductions / Exemptions - Rands only, no cents
Medical Deductions - Rands only, no cents	State any qualifying physical impairment expenses paid by you and not recovered from any medical scheme(s) and not included above.	Expenses against local taxable subsistence allowance
Medical expenditure (including medical scheme contributions made by you or your employer towards a medical scheme where you are the principal / main		R 4017 Expenses against foreign taxable subsistence allowance
member) Were you the principal /main member of a medical scheme	Disability	R 4019
to which you and / or your employer made contributions?	Are you, your spouse or any of your qualifying children a result of the spontage of the sponta	Depreciation
In how many medical scheme(s) were you the principal / main member during this year of assessment?	If 'Yes', has this the disability been confirmed by a duly registered medical practitioner as prescribed?	R 4027
Details of Medical Scheme	Indicate the number of qualifying person(s) with a disability:	Home Office Expenses
Medical Scheme Name:		R 4028
Discovery Health Medical Scheme	Medical subsidies from former employer(s) (if applicable)	Travel Expenses (e.g. commission income)
Medical Scheme Membership Number	State the medical subsidies from former employer	R 4015
	R 4493	Amounts Refunded i.t.o. s11(nA) and 11(nB)
3932609		R 4042
State the total number of dependants (including yourself) per month:		Allowable Accountancy / Administration Expense
Mar Apr May Jun Jul Aug		R
3 3 3 3 3 3		Legal expenses i.t.o. s11(c)
Sep Oct Nov Dec Jan Feb		R
3 3 3 3 4		Bad debt/Provision for doubtful debt
State the total medical contributions made by yourself and / or your employer to this		R 4045
scheme (incl. subsidies from former employer)		Use of motor vehicle
R Image: All and the second secon		R 4046
and reflected on the medical certificate. (other than physical impairment or disability expenses)		Section 8C losses
R 9 3 8 9 4020		R 4031
Evenence not reflected on any modical contificate		Holders of Public Office: Deduction i.t.o. s8(1)(d)
Expenses not reflected on any medical certificate		R 4047
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)		Remuneration for foreign employment services that qualifies for s10(1)(o)(i) exemption
R 1 8 6 0 7 4034		R 4033

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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)(0)(i	ii). (T	his a	mour	nt is r	estric	ted t	o s 8	A/8C	gain	s, ex	cludi	ng di	vider	ıds)	
R																4032
Dedu			teres	t rep	aid to) SAF	rs (ir	n tern	ns of	s7F)	that	was	previ	ously	taxe	d in
terms	s of s	7E														
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															
R																4016
Desc	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. Date (CCYYMMDD) 2 0 2 0 8 5 For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277) Please ensure you sign over the 2 lines of "X"s above

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