

Republic of the Sudan

Ministry of Finance and Economic Planning

Taxation Chamber

(Form (B) Obtaining of Information- Large Taxpayers Office)

On the basis of Income Tax Act for 1986, its amendments, and the V.A.T Act; please fill this Form, for the purposes of applying Electronic Invoice System:

1) Basic Information:

Name of the Unit/taxpayer-----

Entity Type:----- Trade Name-----

TIN

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Number of Registration Certificate----- Number of the Trade License-----

National I.D

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Number of License of Carrying out Business-----

Work Phone Number----- Work Mobile Number-----

Official E-mail-----

Geographical location (lease contract, or ownership certificate to be enclosed)-----

Business Profit Office----- File Number (FIN)-----

V.A.T Office (for individuals)-----File Number (FIN)-----

The person authorized for contact-----His Phone Number-----

Type of business-----Communications Banks and Insurance Industrial

Commercial Service Professional Other (specify)

Business branch type -----

2) Goods List (enclose the list)

The Code	Goods Name	Measurement Unit (ton, meter, kilogram,)	The Class

3) Services List: (list to be enclosed):

The Code	The Service	Identification Unit (Measurement)

4) List of Agents “please enclose two statements”:

a- Agents who have TIN.

B- Agents who do not have TIN.

5) Computerization Position:

a- have you computerization system? Yes No In case the answer Yes, what is the system -----

b- Is the sale system computerized? Yes No In case the answer is yes, what is it? -----

c- Do you issue the invoices automatically? Yes No

d- Do you use the Barcode system? Yes No

6) Sale System:

a- Have you mobile sale system? (Distribution vendors distribute to the retailers)? Yes No In case the answer is yes please fill the table below (detailed list to be enclosed):

Vendor's Code	Name of Employee	Geographical Area	Sale Means

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b- Have you sale points? Yes No , in case the answer is yes, please fill the table below (a list to be enclosed):

Geographical Location	Name of Employee	National I.D	Capacity	Administration System	
				By Commission	By Salary

c- Have you direct sale to the public? Yes No , in case the answer is yes, what are the limits of that activity? (according to the unit of measurement):-----

d- Have you distribution agents? Yes No , in case the answer is yes, please fill the table below; a detailed list should be enclosed:

Agents' Code	Name of the Agent	TIN

7) Information about the person who filled the Form:

Name-----
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I.D. No.-----Its type-----Date-----

Capacity-----

Signature-----

Important Note: In case information is requested in the form of a list, please attach in paper or electronically in Excel Sheet.

