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 | | | | | | | | | | | | |

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

National I.D | | | | | | | | | | | | |

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)-----
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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 ◯Incase 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◯ Incase the answer is yes please fill the table below (detailed list to be enclosed):

Vendor's	Name of Employee	Geographical Area	Sale Means

Code			

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):----------
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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.