

Republic of the Sudan

Ministry of Finance and Economic Planning

Taxation Chamber

(Form (A) Obtaining of Information)

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) 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

5) 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

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

6) 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.