



# PE NUMBER RE-ACTIVATION FORM

(in terms of the Final Settlement System Rules LN88/98)

## DETAILS OF EMPLOYER

Name: \_\_\_\_\_  
Income Tax No.: \_\_\_\_\_  
PE Number: \_\_\_\_\_ ETC Reg No.: \_\_\_\_\_  
Address  
Door/House: \_\_\_\_\_  
Street: \_\_\_\_\_  
Locality: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

## BUSINESS DETAILS

Business Name: \_\_\_\_\_  
Locality: \_\_\_\_\_

I, the undersigned, on my behalf or as representative of the above-mentioned payer, hereby request that the PE number quoted above be re-activated in view of the fact that I have resumed employing personnel as from \_\_\_\_\_

I also declare that should I cease to carry my function as a payer I will inform the department accordingly.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_