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SMBA Agent Number:



Bookkeeping services

Helping with SARS eFiling and Tax Compliance

Fax: (086) 661 SMBA (7622)

www.smba.co.za P O BOX 677, CHUENESPOORT, 0745 reception@smba.co.za

TAXI ADMINISTRATION MEMBERSHIP FORM

1. PERSONAL INFORMATION (OPERATOR'S details)

(Use large bold letters)

Full names: _____ Surname: _____

Date of birth: _____ Identity no: _____

Postal address: _____

code: _____

Residential address: _____

code: _____

Telephone no: _____ Fax: _____

Email address: _____ LABOUR REF No: _____

Cell no: _____ INCOME TAX REF. No: _____

2. DRIVERS DETAILS

Name of driver: _____ Surname: _____

Date of birth: _____ Identity no: _____

Postal Address: _____

code: _____

Residential address: _____

code: _____

Telephone no: _____ Fax: _____

Email address: _____ LABOUR REF No: _____

Cell no: _____ INCOME TAX REF. No: _____

Both Official & client's Initials: _____ Page 1



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SMBA Agent Number: _____

3. COMPANY DETAILS

Name of association: _____

Postal Address: _____

_____ code: _____

Residential address: _____

_____ code: _____

Telephone no: _____ Fax: _____

Email address: _____

Chairperson's cell no: _____

Secretary's cell no: _____

4. VEHICLE ('S) DETAILS

Number of Taxi vehicles? Numbering in words (Digits) Number in words and in digits inside brackets. First set:

1	TICK	2	TICK	3	TICK	4	TICK	5	TICK	6	TICK
Reg. no.		Reg. no.		Reg. no.		Reg. no.		Reg. no.		Reg. no.	
Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model	

Second set:

7	TICK	8	TICK	9	TICK	10	TICK	11	TICK	12	TICK
Reg. no.		Reg. no.		Reg. no.		Reg. no.		Reg. no.		Reg. no.	
Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model	

Third set:

13	TICK	14	TICK	15	TICK	16	TICK	17	TICK	18	TICK
Reg. no.		Reg. no.		Reg. no.		Reg. no.		Reg. no.		Reg. no.	
Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model		Vehicle made & model	



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SMBA Agent Number: _____

VEHICLE REGISTERED ADDRESS:

Postal Address: _____

_____ Ward _____ code: _____ District Municipality _____

Residential address: _____

_____ code: _____ Local Municipality _____

Standard package: ticked:

	SMBA PRICE LIST	cents	tick
1. Taxi Admin	1.1. Source document Recording System	0.75	<input type="checkbox"/>
	1.2. Record Data Management	0.75	
2. Tax	2.1. Tax Management(of postage Received)	0.75	X Tick here
	2.2. Tax Returns	0.75	X Tick here
3. Labour Relations	3.1. Employer's Registration	0.75	X Tick here
	3.2. Employee's Registration	0.75	X Tick here
4. SMLO Database	4. Database {Tenders}	0.75	X Tick here
5. Marketing	5. Trip's Marketing	0.75	X Tick here
6. Vehicle Insurance	6. Minor Damages Below R7500	1.5	X Tick here
7. Funeral Cover	7. Funeral Cover	1.5	X Tick here
9. Vehicle Decorations	9. Vehicle Deco	1.5	X Tick here
10. SMBA Books	10. SMBA Books	0.75	X Tick here
TOTAL:	For office use:		

Figure 001

For additional services **tick on the right hand side, figure 001** above

Would you like to raise funds through Window Branding? @+-R500 or more	Yes	No
Note: <u>SMBA Taxi administration advertisement</u> , branding is free. TO Advertise		

Banking Details:

Account Holder: _____

Bank Name: _____

Account No: _____

Branch Name: _____

Branch No: _____



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SMBA Agent Number:

Universal Branch Codes

Nedbank: 198765
Absa: 632005
Capitec: 470010
FNB: 250655
Standard Bank: 051001

Other Business(es):

Do you have any business beside taxi business?	Yes	No
How many formal/informal businesses?	Number (Digits)	

TERMS AND CONDITIONS

1. Taxi Administration Agreement

By signing in, members agree to allow SMBA to use their details for future correspondence/communications.

All information will be recorded, used, and protected by SMBA office in accordance with current data protection and privacy policy (clause 3.1)

The membership is open to everyone from 18 years of age with a driver having a valid driver's license/ PDP (professional driving permit) and Operating Permit under a registered taxi association.

2. Terms and conditions

Membership

The membership is valid for a period of 2 years; renewal is subject from a month before expiry date

Members are not granted a right to join any other organization dealing with the same services before his/her membership expires, which is a period of 2 years (clause 2.1.1) failure to do as required/full payment for agreement/contract period will be required.

Submissions

It's the responsibility of a client to ensure that source documents are recorded or submitted, if he/she has a representative to submit on his/her behalf. The client has to confirm with the office if not on the form telephonically.

SMBA clients are required to submit/record source documents before they faint visibility for quality management purposes

Client property safety

SMBA employees will be held accountable for the loss of client property, which include source documents, cash receipts, money etc. 2.3.2 It's the responsibility of a client to ensure safekeeping of his/her property at least for 60 months (5 years), after they are returned to him/her.

Price

The services are charged at OUR standard rate from 75c per service per day/vehicle and OUR standard package IS COMPULSORY.

The price can only change if share rate increases or only if the inflation rate increases. After Pilot Project ends a client top-up with R0,75c per day (p/d) more for TBS system or USSD code

It is the responsibility of the employee to train the client (Mobile Originator) not to exceed the daily balance, of the visual account of R2,25c p/day p/vehicle, and

If it exceeds the visual account the whole month, it is the responsibility of the client to pay the outstanding amount and also be charged an extra of R11,25c per vehicle to cover the Agent salary for the month.

3 Privacy policy

The client information will be kept private and confidential at all times; it will only be used for SMBA quality assurance

If client information is revealed by SMBA employees that, would only be for legal purposes and authorized in writing by a legal body to resolve related matters to this current SMBA USSD subscribers system or quality management system; If the responsible person is deceased, no one should be accountable for his/her actions including the organization.

Clients reserve a right to complain to SMBA in case of confidentiality clause (clause 3.1), if breached.

4. Discretion

SMBA reserves a right at its discretion to change, modify, add or remove portions of these terms at any time. Please check these terms periodically for changes from our website.

SMBA reserves a right to amend the privacy policy from time to time in order to keep up with new developments and changes in regulations.

By SMBA cc Management through SMBA MOBILE ADMINISTRATION SYSTEM (PTY) LTD Subsidiary company. SMBA throughout this form means both entities



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SMBA Agent Number:

Declaration

I _____ solemnly declare that I will abide by the terms and conditions of SMBA, that I will contribute towards aims and conditions of SMBA under clauses stipulated BELOW OR at the back of membership form.

Signature _____ date _____

1. CONDITIONS OF USE OF THE SARS EFILING SERVICE

1. EFILING AGENTS.

1. If the eFiler registers on behalf of another person (the "taxpayer") and uses eFiling on behalf of such taxpayer, then the eFiler warrants to and in favour of SARS that the eFiler has obtained a written mandate from the taxpayer, which mandate must be provided to SARS and at a minimum provide that:
 1. the eFiler acts as a duly authorised agent on behalf of the taxpayer;
 2. the taxpayer will be liable to SARS for the due and timeous fulfilment of all the taxpayer's obligations towards SARS;
 3. any information submitted by the eFiler to SARS by means of the eFiling service will be based on information received from the taxpayer, and the taxpayer is responsible for ensuring that such information is true and correct; the eFiler will, before submitting information to SARS by means of the eFiling service, obtain confirmation from the taxpayer that the information to be submitted is a true and correct reflection of the information provided by the taxpayer to the eFiler;
 4. the eFiler has disclosed the minimum conditions for the mandate in terms of this clause to the taxpayer; and
 5. the eFiler will disclose any change to the minimum conditions for a mandate in terms of this clause to the taxpayer within the period contemplated in clause 6.3.
2. By submitting any information to SARS by means of the eFiling service, the eFiler confirms that, to the best of the eFiler's knowledge, such information has been provided by the taxpayer to the eFiler, is correct and complete and that all income and information relevant thereto provided by the taxpayer to the eFiler, is disclosed to SARS.

2. USER NAME AND PASSWORD

1. On acceptance by SARS of the Application, the eFiler will be supplied with a user
2. On acceptance by SARS of an eFiler's application to access and use the eFiling services, the eFiler will be supplied with a user name and an initial password by such means and in such format as SARS may determine from time to time.



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SMBA Agent Number:

3. Unless otherwise specified the eFiler must change the initial password to a unique password of choice when the SARS eFiling services are accessed for the first time.
4. The eFiler undertakes in favour of SARS to ensure that the user name and password are at all times kept secure and confidential by the eFiler. Storing the username and/or password on a computer or network will be regarded as prima facie negligence on the part of the eFiler.
5. The eFiler undertakes to report any compromise or unauthorized disclosure of the user name and/or password to SARS, without delay, via
6. SARS' support desk and to provide SARS with written confirmation thereof within 24 (twenty-four) hours of such notification. On receipt of the eFiler's aforesaid notification, SARS reserves the right to deactivate the eFiler's user name and/or password without further notice.
7. SARS may at its sole discretion and for whatever reason require an eFiler to change the eFiler's user name and/or password from time to time and the eFiler undertakes to unconditionally and immediately comply with such a request from SARS.

8. Do you have a Bookkeepers/Accounting Firm?	Yes	No	Name
Contacts: Accounting Firm/Officer/Bookkeepers			()

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Creditors Details:

tick/cross

9. Do you have any vehicle(s) under installment/ unsettled:	Yes	No
Number of unsettled vehicle(s):	Number (Digits)	

Written mandate from the taxpayer (prior conditions above) declaration:

Signed at _____ this _____ day of _____ year 20 _____

Witness name: _____ Signature _____

Date: _____



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SMBA Agent Number:

Attachments:

First documents (Once off)

1. Member's ID copy
2. Copy/(ies) of the Vehicle Registration Certificate(s)
3. Copy/(ies) of the Route permit(s)

Second documents (monthly)

4. Source Documents- Expenses Receipts e.g. Fuel; air time and etc (Check spreadsheet).
5. One(1) month Bank Statement or three(3) months each quota/term

Third documents (per annum)

6. Any personal and business related statement(s) i.e. Refer to "taxi bookkeeping manual" attached, (remember people financial activities differ therefore we need as much as you can information/statement(s)).

For office use only:

Receiveby: _____ on this day _____ of _____ year 20____

Membership no: _____ or Cell phone no: _____

Signature: _____ Expiry date: _____

Total amount: _____
(According to the number of vehicle's) and other businesses

Account Holder
Bank Name
Account Number
Branch Name
Reference No.

Siza Mpela Business Architects cc OR SMBA cc

STANDARD BANK
10141513096
POLOKWANE

Membership No: (check your number under "**For Office use**" **BELOW in bold black**) or **EASYPAY ACCOUNT NUMBER**

051001

Branch Code

Payment should only be made direct to the bank OR EasyPay Outlets Stores; no administration officer should demand nor collect cash from the client, also keep your prove of payment for record purposes.

