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**Re Sebeletsa Uena – Re Sebeletsa Sechaba**

## APPLICATION FORM FOR TAXPAYER LEDGER STATEMENT

<b>Name of Taxpayer:</b>	
<b>Taxpayer Identification Number:</b>	
<b>Tax Type:</b>	
<b>Date:</b>	
<b>Name of Requesting Person:</b>	
<b>Capacity:</b>	
<b>Range of Period of Statement:</b>	
<b>Telephone Number:</b>	
<b>Cell phone Number:</b>	
<b>Physical Address:</b>	
<b>Receiving Officer:</b>	
<b>Signature:</b>	
<b>Date Completed:</b>	
<b>Issuing Officer:</b>	
<b>Signature:</b>	