

FORM 5b
See Rule 7
PARTNER DETAILS FORM

Provisional TIN _____ Document Control No. **NOT USED**

Name of the Applicant Sur Name
Given Name

Partner's Name :

Father's Name :

Contact Address:

Tel No:

Date of Birth

Signature

Photo

Date of entry to Partnership:

Date of leaving Partnership

Partner's Name

Father's Name :

Contact Address:

Tel No:

Date of Birth

Signature

Photo

Date of entry to Partnership:

Date of leaving Partnership

Partner's Name :

Father's Name :

Contact Address:

Tel No:

Date of Birth

Signature

Photo

Date of entry to Partnership:

Date of leaving Partnership

Partner's Name :

Father's Name :

Contact Address:

Tel No:

Date of Birth

Signature

Photo

Date of entry to Partnership:

Date of leaving Partnership

Signature: Status: Date:

FOR OFFICIAL USE ONLY

Date Received:

LVO Code
LVO Description returned by

the system
Authorising Officer Code:
Description returned by the system

