



Taxation Division

Employee Tax Code Declaration

(This form must be completed by every Employee and submitted to the Employer)

Section A: Employee Details

First Name:

Middle Name:

Last Name:

Postal Address

TIN:

Phone Contact

Section B: Tax Code and FNPF Number

Please indicate by a tick (✓) if this is your (Tick one box only)

Primary Employment :

or

Secondary Employment :

FNPF No :

Section C: Declaration

I declare that the information contained in this Employee Tax Code Declaration is true and correct in every detail.

Signature:

Date:

IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION

Section D: Acknowledgement of Receipt

Name of Receiving Officer:

Signature of Receiving Officer:

Date Received: