



# ONLINE RETURNS

**MIBCO Shared Services Centre**  
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## Online Returns Registration

### Applicant details:

1. **Name of Company:** \_\_\_\_\_

2. **Legal status of Company:**

Closed Corporation: ☐ Partnership: ☐ Sole Proprietor: ☐ Private Company: ☐ Public Limited Company: ☐ Trust: ☐

3. **Internet Connectivity – please indicate the methodology:**

Dial Up Modem: ☐ ISDN Modem: ☐ ADSL: ☐ 3G: ☐ 4G/LTE: ☐ Corporate with proxy: ☐

4. **Person responsible for the completion of the Mibco monthly Returns:**

a. First Name: \_\_\_\_\_

b. Surname: \_\_\_\_\_

c. Telephone Number: \_\_\_\_\_

d. Fax Number: \_\_\_\_\_

e. Email Address: \_\_\_\_\_

f. Employer Code(s): \_\_\_\_\_

5. **IT Department:**

a. Contact Person: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_

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### FOR OFFICE USE ONLY:

1. Date Captured: .....

2. Captured By: .....