



APPLICATION FORM: LICENSING/REGISTRATION OF CUSTOMS AND EXCISE CLIENTS

For official use

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NOTES FOR THE COMPLETION OF FORM

1. Please indicate with an "X" in the applicable box.
2. If the space provided on form DA185 and applicable annexure(s) is insufficient, the information must be furnished on a separate page, which must be attached to the form DA185 and the annexures.
3. Where the asterisk (*) appears, delete which ever is applicable.
4. Please reflect the relevant customs and excise client number, customs and excise warehouse number or rebate user number when applying for the amendment of existing information or for a total cancellation per client type.
5. Please take note that a separate application form must be completed for each client type.
6. Please complete annexure DA185.A where security must be furnished.

A.1. EXISTING REGISTRANT/LICENSEE PARTICULARS

If currently registered/licensed with SARS, please state allocated customs code or client number.									
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A.2. PURPOSE OF APPLICATION

New Registration/Licensee or renewal:	<input type="checkbox"/>	Amendment of existing information:	<input type="checkbox"/>	Cancellation:	<input type="checkbox"/>
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A.3. CLIENT TYPES

REGISTRATION		LICENSING
1. Importer (Annexure 01) (Sec 59A)	<input type="checkbox"/>	6. Special Manufacturing Warehouse (Annexure 06) (Sec 21, 60 and 61)
2. Exporter (Annexure 02) (including exporter under AGOA) (Sec 59A and Rule 46A1.02)	<input type="checkbox"/>	7. Manufacturing Warehouse (Annexure 07) (Sec 27, 60 and 61)
3. Rebate (Annexure 03) (Sch 3,4 and 6) (Sec 59A and 75)	<input type="checkbox"/>	8. Storage Warehouse (Annexure 08) (Sec 19, 60 and 61)
4. Manufacturer for AGOA (Annexure 04) (Sec 59A and Rule 46A1.03)	<input type="checkbox"/>	9. Special Storage Warehouse (Annexure 09) (Sec 21, 60 and 61)
5. Special Manufacturing Warehouse: MIDP (Annexure 05) (Sec 59A)	<input type="checkbox"/>	10. Clearing Agent (Annexure 10) (Sec 64B)
		11. Remover of goods in bond (Annexure 11) (Sec 64D)

B. BUSINESS / PERSONAL PARTICULARS

Registered name of business or name of applicant:			
Business address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:		Street code:	
Postal address:			
Suburb:			
City/Town:		Postal code	
Business Telephone and Fax numbers (incl. code):	(_____)	(_____)	
Business e-mail address:			

C. NATURE OF BUSINESS

Company	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other	<input type="checkbox"/>

Company Registration number:																			
Close Corporation Registration Number:																			
Trust Registration Number:																			
Other (Please specify):																			

D. REGISTRATION PARTICULARS

VAT Registration Number:		Income Tax Number:	
PAYE Number:		SDL Number:	
UIF Number:			

Full name, surname and ID/Passport number(s) of *Sole Proprietor and/* or all Partners/* Managing Director/* Financial Director/* Directors/* Members/* Trustees:

i)	Initials:					Full Name:													
Surname:																			
ID. No:																			
Passport No:																			
ii)	Initials:					Full Name:													
Surname:																			
ID. No:																			
Passport No:																			
iii)	Initials:					Full Name:													
Surname:																			
ID. No:																			
Passport No:																			

E. CONTACT PERSON (Particulars of person who can be contacted regarding this application)

Surname:																																					
First Name:																																					
Telephone Dialing Code:																				Telephone Number:																	
Cellular Phone Number:																																					
Capacity:																																					

F. ACCOUNTANT/ACCOUNTING DETAILS

Name of Accountant/Accounting firm:																																					
Particulars of the Accountant/Auditor or Accounting Officer:																																					
Initials:					First Name:																																
Surname:																																					
Telephone Dialing Code:																				Telephone Number:																	
Business address: Street name and number:																																					
Building name and floor number:																																					
Suburb:																																					
City/Town:												Street code																									
Postal address:																																					
Suburb:																																					
City/Town:												Postal code																									

G: INFORMATION REGARDING CONTRAVENTIONS AND OTHER MATTERS

Please indicate whether during the preceding five years, any person contemplated in the rules for section 59A or 60:

Has contravened or failed to comply with the provisions of the Act.	Yes		No	
Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner.	Yes		No	
Has been convicted of any offence under the Act.	Yes		No	
Has been convicted of any offence involving dishonesty.	Yes		No	
Has made any false or misleading statement in any material respect or omitted to state any material fact which was required to be stated in any application for registration or for any other purpose under the Act.	Yes		No	
Has ever been insolvent or in liquidation.	Yes		No	

If the answer is "yes" to any of the above questions in G full details must be furnished with the application.

CLIENT TYPE 1 - IMPORTER

Importer Particulars:

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business:			
Physical address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

Clearance of Import:	Self <input type="checkbox"/>	Clearing Agent <input type="checkbox"/>
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Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of:

(a) * a resolution passed at a meeting of the Board of Directors held at _____ on the _____ day of _____ cyy _____; or

(b) * express consent in writing of all the members of the close corporation /* partners of the partnership / * trustees of the trust; or

(c) * being a person having the management of any other association; or

(d) * delegated officer of an organ of state,

hereby apply for registration as an importer.

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in the case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Identity/passport documents of
 - Individual.
 - Partnership, Close Corporation and Trust – all Members/partners/trustees.
 - Company – all Directors, including Managing Director and Financial Director.

Declaration:

I hereby:

(a) declare that the particulars in the application and all enclosures are true and correct; and

(b) undertake to:

- (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
- (ii) comply with the customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	
		Place:	

CLIENT TYPE 2 – EXPORTER (INCLUDING EXPORTER FOR AGOA)

Exporter Particulars:

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business:			
Physical address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

Clearance of export:	Self	<input type="checkbox"/>	Clearing Agent	<input type="checkbox"/>
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Please indicate if also an exporter for AGOA.	Yes		No	
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If indicated "yes" for exporter under AGOA please complete DA46 A1.02.

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of:

(a) * a resolution passed at a meeting of the Board of Directors held at _____ on the _____ day of _____ ccy _____; or

* express consent in writing of all the members of the close corporation /* partners of the partnership /

* trustees of the trust; or

(b) * being a person having the management of any other association; or

(c) * delegated officer of an organ of state,

hereby apply for registration as an exporter and/or *exporter for AGOA.

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in the case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Identity/passport documents of
 - Individual.
 - Partnership, Close Corporation and Trust – all Members/partners/trustees.
 - Company – all Directors, including Managing Director and Financial Director.

Declaration:

- I hereby:
- (a) declare that the particulars in the application and all enclosures are true and correct; and
 - (b) undertake to:
 - (ii) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (iii) comply with the customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	
		Place:	

EXPORTER'S UNDER AGOA**African Growth and Opportunity Act (AGOA)****Exporter's Application for Registration for the purposes of the AGOA****(in accordance with the requirements of section 46A(6) of the Customs and Excise Act, 91 of 1964)****DA 46A1.02**

Customs Code Number

Textile and apparel articles manufactured in the Republic or any other beneficiary sub-Saharan country for export to the United States of America for the purposes of obtaining preferential tariff treatment as contemplated in the AGOA

Registered name: _____

Trade name: _____

Postal address: _____

Postal code: _____

Street address: _____

Postal code: _____

Magisterial District: _____

Telephone number: (_____) _____ Fax number: (_____) _____

I/we the undersigned undertake to:

- (a) maintain complete books, accounts and other documents of the export of the covered articles, import documents and certificates of origin and other documents to prove the originating status of goods exported for 5 years from the date of export and to make such books, accounts and other documents available at the request of any officer of the United States Customs Service (USCS) or the South African Revenue Service (SARS);
- (b) ensure compliance with the provisions of origin contained in section 334 of the Uruguay Round Agreements Act, the AGOA, 19 CFR 102.21 and Annex 401 to NAFTA (enactments, as defined in section 46A.01, of the United States of America) and any other enactment governing the preferential treatment of goods exported;
- (c) cooperate with the USCS and SARS in providing documents, correspondence and reports relevant to any investigation, permit visits to and inspections at premises and agree to personal interviews to ascertain needed facts.
- (d) register with SARS before exportation of any articles for the purposes of the AGOA and de-register when exports cease;
- (e) consent to information regarding exports and imports of such covered articles be made available to the USCS as required in terms of section 113(a)(1)(C) of the AGOA;
- (f) ensure that I/we are fully conversant with the requirements of the AGOA and other related US enactments, as well as the provisions of the Customs and Excise Act and rules;
- (g) ensure the correctness of the information furnished on the certificate of origin and application for a visa;
- (h) notify all persons in writing to whom a certificate of origin was given which I have reason to believe contains information that is not correct or of any change which could affect its accuracy or validity.

(Authorised signature)_____
(Date: YY/MM/DD)_____
(Name in block letters)_____
(Title)**NOTE: If the exporter is also the manufacturer of the goods exported, form DA 46A1.03 must also be completed.**

CLIENT TYPE 3 – REBATE (Schedules 3, 4 and 6)

Trading Particulars:

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business:			
Rebate Store address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of:

(a) * a resolution passed at a meeting of the Board of Directors held at _____ on the _____ day of _____ ccy _____; or

(b) * express consent in writing of all the members of the close corporation /* partners of the partnership / * trustees of the trust; or

(c) * being a person having the management of any other association; or

(d) * delegated officer of an organ of state, hereby apply for registration as a rebate user.

Rebate Store Particulars:

Please describe the raw material that will be stored in the rebate store and state the tariff heading(s)/item(s) as well as the rebate item(s).

Rebate item(s) and Code	Tariff heading(s)/Item(s)	Description of Material
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in the case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Site plan, depicting the exact location of the rebate store.
- (d) Department of Trade and Industry permit if applicable.
- (e) Formulae if applying under rebate item 607.04.10(02), 607.04.10(03), 607.04.10(09) and 607.04.10(12).
- (f) Identity documents/Passport documents of
 - Individual.
 - Partnership, Close Corporation and Trust – all members/partners/trustees.
 - Company – all Directors, including Managing Director and Financial Director.

Declaration:

I hereby:

- (a) declare that the particulars in the application and all enclosures are true and correct; and
- (b) undertake to:
 - (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (ii) comply with the customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	
		Place:	

FOR OFFICIAL USE															
File Number:															
District office:															

CLIENT TYPE 4 – MANUFACTURER UNDER AGOA

MANUFACTURER UNDER AGOA (In accordance with the requirements of section 46A(6) of the Customs and Excise Act, 91 of 1964 as amended). A duly completed DA 46A1.03 must accompany this application.

Manufacturer under AGOA Particulars:

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business:			
Physical Location			
Street name and number if applicable			
Suburb:			
City/Town:			
Street code:			

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of:

- (a) * a resolution passed at a meeting of the Board of Directors held at _____ on the _____ day of _____ ccy _____; or
- (b) * express consent in writing of all the members of the close corporation /* partners of the partnership / * trustees of the trust; or
- (c) * being a person having the management of any other association, hereby apply for registration as a manufacturer under AGOA.

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in the case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Identity documents/Passport documents
- Individual
 - Partnership, Close Corporation and Trust – all the members/partners/trustees.
 - Company – all the Directors, including Managing Director and Financial Director.

DECLARATION:

I hereby:

- (a) declare that the particulars in the application and all enclosures are true and correct; and
- (b) undertake to:
- (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (ii) comply with the customs and excise laws and procedures.

Initials and surname:				Status (e.g. Director):	
Signature:		Date:		Place:	

MANUFACTURER UNDER AGOA**African Growth and Opportunity Act (AGOA)**

Manufacturer's Application for Registration for the purposes of the AGOA
(in accordance with the requirements of section 46A(6) of the Customs and Excise Act, 91 of 1964)

DA 46A1.03

Customs Code Number

Manufacture of apparel articles for export to the United States of America for the purposes of obtaining preferential tariff treatment as contemplated in the AGOA

Registered name: _____

Trade name: _____

Postal address: _____

Postal code: _____

Street address: _____

Postal code: _____

Magisterial District: _____

Telephone number: (_____) _____ Fax number: (_____) _____

I/we, the undersigned undertake to:

- (a) maintain complete books, accounts and other documents relating to the originating status, production and exportation of covered articles as specified in paragraph (b) for 5 years from the date of production or export or sale to an exporter and make such records available at the request of any officer of the United States Customs Service (USCS) and the South African Revenue Service (SARS);
- (b) keep documentation and other information relating to the originating status and constituent materials of goods produced and exported, including but not limited to, production records, information relating to the place of production, the number and identification of the types of machinery used in production, the number of workers employed in production, evidence of US and other materials used in the production of the article in question, such as purchase orders, invoices, bills of lading and other shipping documents, customs import and clearance documents, records of sale to the exporter and all export documents;
- (c) ensure compliance with the provisions of origin contained in section 334 of the Uruguay Round Agreements Act, the AGOA, 19 CFR 102.21 and Annex 401 to NAFTA (enactments, as defined in section 46A(1), of the United States of America) and any other enactment governing the preferential treatment of goods exported;
- (d) cooperate with the USCS and SARS in providing documents, correspondence and reports relevant to any investigation, permit visits and inspections to manufacturing premises and agree to personal interviews to ascertain needed facts;
- (e) register with SARS before production begins and de-register when production is closed or ceases;
- (f) consent to information regarding shipments be made available to the USCS as required in terms of section 113(a)(1)(C) of the AGOA;
- (g) ensure that I/we are fully conversant with the requirements of AGOA and other related enactments, as well as provisions of the Customs and Excise Act and its rules; and

Continued overleaf

(h) notify all persons in writing to whom a certificate of origin was given which I have reason to believe contains information that is not correct or of any change which could effect its accuracy or validity.

(Authorised signature)

(Date: YY/MM/DD)

(Name in block Letters)

(Title)

(Contact telephone number)

Note:

If the manufacturer is also the exporter, a form DA 46A1.02 must also be completed.

**CLIENT TYPE 5 – REGISTRATION OF CUSTOMS AND EXCISE SPECIAL
MANUFACTURING WAREHOUSE: MIDP**

Trading Particulars:

Please supply all trade names and physical addresses of the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business: _____

Warehouse address: Street name and number: _____

Building name and floor number: _____

Suburb: _____

City/Town: _____

Street code: _____

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of:

(a) * a resolution passed at a meeting of the Board of Directors

held at _____ on the _____ day of _____ ccy _____; or

(b) * express consent in writing of all the members of the close corporation /* partners of the partnership /
* trustees of the trust; or

(c) * being a person having the management of any other association,

hereby apply for registration of a Customs and Excise special manufacturing warehouse MIDP.

Warehouse Particulars:

Please describe the goods that will be stored in the warehouse or manufactured in the warehouse as well as the tariff heading(s)/ item(s) and rebate item(s) (if applicable).

Tariff heading(s)/item(s)/Rebate item(s)	Description of goods manufactured and/or stored
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Plans of premises, showing the exact location of the warehouse.
- (d) Identity documents/Passport documents of
- Individual.
 - Partnership, Close Corporation and Trust – all members/partners/trustees.
 - Company – all Directors, including Managing Director and Financial Director.

Declaration:

I hereby:

- (a) declare that the particulars in the application and all enclosures are true and correct; and
- (b) undertake to:
 - (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (ii) comply the such customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):			
Signature:		Date:		Place:	

FOR OFFICIAL USE																			
File Number:																			
Type of Warehouse:	SVM																		
Warehouse Number:																			

CLIENT TYPE 6 – LICENSING OF CUSTOMS AND EXCISE SPECIAL MANUFACTURING WAREHOUSE

Trading Particulars:

Please supply all trade names and physical addresses of the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business: _____

Warehouse address: Street name and number: _____

Building name and floor number: _____

Suburb: _____

City/Town: _____

Street code: _____

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of:

(a) * a resolution passed at a meeting of the Board of Directors

held at _____ on the _____ day of _____ ccy _____; or

* express consent in writing of all the members of the close corporation /* partners of the partnership /

* trustees of the trust; or

(b) * being a person having the management of any other association,

hereby apply for licensing of a Customs and Excise special manufacturing warehouse.

Warehouse Particulars:

Please describe the goods that will be stored in the warehouse or manufactured in the warehouse as well as the tariff heading(s)/ item(s) and rebate item(s) (if applicable).

Tariff heading(s)/item(s)/Rebate item(s)	Description of goods manufactured and/or stored
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Plans of premises, showing the exact location of the warehouse.
- (d) Identity documents/Passport documents of
 - Individual.
 - Partnership, Close Corporation and Trust – all members/partners/trustees.
 - Company – all Directors, including Managing Director and Financial Director.

Declaration:

I hereby:

- (a) declare that the particulars in the application and all enclosures are true and correct; and
 (b) undertake to:
- (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (ii) comply with the customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	Place:

FOR OFFICIAL USE															
File Number:															
Type of Warehouse:	SVM														
Warehouse Number:															
Licence Number:															
License Date:															
District office with whom Licensed:															

**CLIENT TYPE 7 – LICENSING OF CUSTOMS AND EXCISE MANUFACTURING
WAREHOUSE**

Trading Particulars:

Please supply all trade names and physical addresses of the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business: _____

Warehouse address: Street name and number: _____

Building name and floor number: _____

Suburb: _____

City/Town: _____

Street code: _____

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of:

(a) * a resolution passed at a meeting of the Board of Directors

held at _____ on the _____ day of _____ ccy _____; or

(b) * express consent in writing of all the members of the close corporation /* partners of the partnership /

* trustees of the trust; or

(c) * being a person having the management of any other association,

hereby apply for licensing of a Customs and Excise manufacturing warehouse.

Warehouse Particulars:

Please describe the goods that will be stored in the warehouse or manufactured in the warehouse as well as the tariff heading(s)/ item(s) and rebate item(s) (if applicable).

Tariff heading(s)/item(s)/Rebate item(s)	Description of goods manufactured and/or stored
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Plans of premises, showing the exact location of the warehouse.
- (d) Identity documents/Passport documents of
- Individual.
 - Partnership, Close Corporation and Trust – all members/partners/trustees.
 - Company – all Directors, including Managing Director and Financial Director.

Declaration:

I hereby:

- (a) declare that the particulars in the application and all enclosures are true and correct; and
 (b) undertake to:
- (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (ii) comply with the customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	Place:

FOR OFFICIAL USE	
File Number:	
Type of Warehouse:	VM
Warehouse Number:	
Licence Number:	
License Date:	
District office with whom Licensed:	

CLIENT TYPE 8 – LICENSING OF CUSTOMS AND EXCISE STORAGE WAREHOUSE

Trading Particulars:

Please supply all trade names and physical addresses of the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business:			
Warehouse address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of:

(a) * a resolution passed at a meeting of the Board of Directors held at _____ on the _____ day of _____ ccy _____; or

(b) * express consent in writing of all the members of the close corporation /* partners of the partnership / * trustees of the trust; or

(c) * being a person having the management of any other association, hereby apply for licensing of a Customs and Excise storage warehouse.

Warehouse Particulars:

a) Please indicate with an "X" whether the warehouse will be utilised for the storage of dutiable imported or dutiable locally produced goods or as a stockist (Note 7 to Sch no. 3).	Storage of Locally Manufactured Goods (OS):	
	Storage of Imported Goods (OS):	
	Storage of Imported Goods: Stockist (OS):	
b) Please describe the goods that will be stored in the warehouse or manufactured in the warehouse as well as the tariff heading(s)/ item(s) and rebate item(s) (if applicable).		
Tariff heading(s)/item(s)/Rebate item(s)	Description of goods manufactured and/or stored	
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Plans of premises, showing the exact location of the warehouse.
- (d) Identity documents/Passport documents of
 - Individual.
 - Partnership, Close Corporation and Trust – all members/partners/trustees.
 - Company – all Directors, including Managing Director and Financial Director.

Declaration:

I hereby:

- (a) declare that the particulars in the application and all enclosures are true and correct; and
- (b) undertake to:
 - (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (ii) comply with the customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	Place:

FOR OFFICIAL USE														
File Number:														
Type of Warehouse: (Please mark with an "X")	OS	Stockist												
Warehouse Number:														
Licence Number:														
License Date:														
District office with whom Licensed:														

CLIENT TYPE 9 – LICENSING OF CUSTOMS AND EXCISE SPECIAL STORAGE WAREHOUSE

Trading Particulars:	
Please supply all trade names and physical addresses of the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.	
Trade name of business:	
Warehouse address: Street name and number:	
Building name and floor number:	
Suburb:	
City/Town:	
Street code:	

Authority to apply:
I/We _____ (name of applicant) herein represented by
(1) _____ Capacity _____
(2) _____ Capacity _____
being duly authorised thereto by virtue of:
(a) * a resolution passed at a meeting of the Board of Directors held at _____ on the _____ day of _____ ccy _____; or
(b) * express consent in writing of all the members of the close corporation /* partners of the partnership / * trustees of the trust; or
(c) * being a person having the management of any other association, hereby apply for licensing of a Customs and Excise special storage warehouse.

Warehouse Particulars:		
a) Please indicate with an "X" whether the warehouse will be utilised for the storage of dutiable imported or dutiable locally produced goods.	Storage of Locally Manufactured Goods (SOS):	
	Storage of Imported Goods (SOS):	
b) Please describe the goods that will be stored in the warehouse or manufactured in the warehouse as well as the tariff heading(s)/ item(s) and rebate item(s) (if applicable).		
Tariff heading(s)/item(s)/Rebate item(s)	Description of goods manufactured and/or stored	
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		

The under-mentioned original or certified copies must accompany the application:

- (a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Plans of premises, showing the exact location of the warehouse.
- (d) Identity documents/Passport documents of
 - Individual.
 - Partnership, Close Corporation and Trust – all members/partners/trustees.
 - Company – all Directors, including Managing Director and Financial Director.

Declaration:

I hereby:

- (a) declare that the particulars in the application and all enclosures are true and correct; and
- (b) undertake to:
 - (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (ii) comply with such customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	Place:

FOR OFFICIAL USE																	
File Number:																	
Type of Warehouse:	SOS																
Warehouse Number:																	
Licence Number:																	
License Date:																	
District office with whom Licensed:																	

CLIENT TYPE 10 – CLEARING AGENT

Clearing Agent Particulars:

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business:			
Physical address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

Trade name of business:			
Physical address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

Trade name of business:			
Physical address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

Please state the Customs and Excise Office where you will be licensed (where your head office is situated):

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Please state the employee at each place where business will be conducted with Customs and Excise:

Name	Place (Customs and Excise Office)

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of -

(a) * a resolution passed at a meeting of the Board of Directors held at _____ on the _____ day of _____ ccy _____; or

(b) * express consent in writing of all the members of the close corporation /* partners of the partnership / * trustees of the trust; or

(c) * being a person having the management of any other association, hereby apply for licensing as a Clearing agent.

CLIENT TYPE 11 – REMOVER OF GOODS IN BOND

Remover of Goods in Bond Particulars:

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business			
Physical address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

Authority to apply:

I/We _____ (name of applicant) herein represented by

(1) _____ Capacity _____

(2) _____ Capacity _____

being duly authorised thereto by virtue of -

(a) * a resolution passed at a meeting of the Board of Directors held at _____ on the _____ day of _____ ccy _____; or

(b) * express consent in writing of all the members of the close corporation /* partners of the partnership / * trustees of the trust; or

(c) * being a person having the management of any other association, hereby apply for licensing as a remover of goods in bond.

The under-mentioned original or certified copies must accompany the application:

(a) Registration certificate of business – as issued by the Registrar of Companies or Master of the Supreme Court in the case of a Trust.

(b) Resolution/consent or other authority as applicable.

(c) List of vehicles and trailers (including registration number, chassis and engine number) that must comply with the requirements of the Rules.

(d) Identity documents/Passport documents of

- Individual.
- Partnership, Close Corporation and Trust – all members/partners/trustees.
- Company – all Directors, including Managing Director and Financial Director.

Declaration:

I hereby:

(a) declare that the particulars in the application and all enclosures are true and correct; and

(b) undertake to:

(i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;

(ii) comply with such customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	Place:

FOR OFFICIAL USE													
Licence Number:													
Licence Date:													
District office with whom Licensed:													

