



APPLICATION FORM: REGISTRATION / LICENSING OF CUSTOMS AND EXCISE CLIENTS

For official use

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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1. 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 not 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.

2. EXISTING REGISTRANT/LICENSEE PARTICULARS

If currently registered/licensed with SARS, please state allocated customs code or client number.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. PURPOSE OF APPLICATION

New Registration/Licensee or renewal: Amendment of existing information: Cancellation:

4. CLIENT TYPES

| 4.A REGISTRATION (section 59A and the rules thereto) | | 4.B LICENSING (section 60 and 61 and the rules thereto) | |
|--|--------------------------|---|--------------------------|
| 4A1 Importer - Annexure DA 185.4A1 | <input type="checkbox"/> | 4B1 Special Manufacturing Warehouse - Annexure DA 185.4B1 (Sec 21 and 61) | <input type="checkbox"/> |
| 4A2 Exporter (Annexure DA 185.4A2) | | 4B2 Manufacturing Warehouse - Annexure DA 185.4B2 (Sec19A, 27 and 61) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Exporter | <input type="checkbox"/> | 4B3 Storage Warehouse - Annexure DA 185.4B3 (Sec 61) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Exporter for AGOA –DA 46A1.03 (rule 46A1.02) | <input type="checkbox"/> | 4B4 Special Storage Warehouse - Annexure DA 185.4B4 (Sec 19A, 21 and 61) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Exporter for SADC – (rules 49A and 49B) | <input type="checkbox"/> | 4B5 Clearing Agent - Annexure DA 185.4B5 (Sec 64B) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Approved exporter for EC / SA Agreement – DA 49A.02 (rule 49A.18 (20)) | <input type="checkbox"/> | 4B6 Remover of goods in bond - Annexure DA 185.4B6 (Sec 64D) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Exporter for GSP (various countries) – DA 46A2.01 (rule 46A2.18) | <input type="checkbox"/> | 4B7 Distributor of fuel - Annexure DA 185.4B7 (Sec 64F) | <input type="checkbox"/> |
| 4A3 Rebate user (Schedule 3,4 and 6) – Annexure DA 185.4A3 (Sec 75) | <input type="checkbox"/> | | |
| 4A4 Manufacturer for AGOA - Annexure DA 185.4A4 (Rule 46A1.03) | <input type="checkbox"/> | | |
| 4A5 Special Manufacturing Warehouse: MIDP - Annexure DA 185.4A5 | <input type="checkbox"/> | | |
| 4A6 Electronic communication with SARS - Annexure DA 185.4A6 (Sec 101A) | <input type="checkbox"/> | | |
| 4A7 Producer for GSP – Annexure DA 185.4A7 & DA 46A2.02 (rule 46A2.18) | <input type="checkbox"/> | | |
| 4A8 Commercial manufacturer of biodiesel – Annexure DA 185.4A8 (Section 37B and rule 37B.02(b)) | <input type="checkbox"/> | | |
| 4A9 Non-commercial manufacturer of biodiesel – Annexure DA 185.4A9 (Section 37B and rule 37B.02(a)) | <input type="checkbox"/> | | |

5. BUSINESS / PERSON 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 (Including code): | () | () | |
| Business e-mail address: | | | |

| 6. 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): | | | | | | | | | | | | | |

| 7. 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: | | | | | | | | | | | | | |

| 8. CONTACT PERSON (Particulars of person who can be contacted regarding this application) | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|
| Surname: | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Dialling Code: | | | | | | | | | | | | | | Telephone Number: | | | | | | | | | | | |
| Cellular Phone Number: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity: | | | | | | | | | | | | | | | | | | | | | | | | | |

| 9. ACCOUNTANT/ACCOUNTING DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|-------------|--|--|--|-------------|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|
| Name of Accountant/Accounting firm: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Particulars of the Accountant/Auditor or Accounting Officer: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials: | | | | | | First Name: | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Dialling 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 | | | | | | | | | | | | | | | |

10: 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:-

| | | | | |
|--|------|--|-----|--|
| (a) Has contravened or failed to comply with the provisions of the Act. | Yes: | | No: | |
| (b) Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner. | Yes: | | No: | |
| (c) Has been convicted of any offence under the Act. | Yes: | | No: | |
| (d) Has been convicted of any offence involving dishonesty. | Yes: | | No: | |
| (e) 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: | |
| (f) Has ever been insolvent or in liquidation. | Yes: | | No: | |

Note:

- If the answer is "yes" to any of the above questions in Block 10, full details must be furnished on a separate page and attached to the application.
- Any applicant may, where it is contended in respect of paragraphs (a) and (b) that the contravention or failure was inadvertent, without fraudulent intent or gross negligence, a submission to this effect should be furnished on a separate page and attached to the application.

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 / Capacity, e.g. Director)

(Signature)

(Date & Place)