

APPLICATION FOR CUSTOMS AND EXCISE ACCREDITED CLIENT STATUS

DA 186

FOR OFFICIAL USE ONLY

Application number:	Date received:	
Client type:	File reference:	

A. A	PPLICANT PARTIC	ULARS										
1.	Registered name:											
2.	State client type :											
3.	State current Customs	s code:										
4.	Please express your compliance in respect of record keeping as contemplated in rule 59A.09(2) or rule 60.08(2).										%	
5.	Please express your in	nternal procedu	ures tha	at are d	ocumen	ted as a	percer	itage.				%
6.	What percentage of these internal documented procedures are utilised by your staff.										%	
7.	What percentage of your internal processes are computerised. %										%	
8.	What percentage of your staff, involved in customs transactions, has sufficient knowledge of the Customs and Excise Act and procedures as contemplated in rule 59A.10(2) or rule 60.08(2)(b)?											
9.	Please indicate the period (years) for which your financial statements are available. 0 - 3 4 - 5									4 - 5		
10.	10. If no financial statements are available, please state what sufficient evidence will be provided to prove the viability of the business, which may include proof of available financial resources of whatever nature.											
11.	Please indicate whether you participate in the Deferment Scheme Yes										No	

B. PARTICULARS of CONTACT PERSON																	
Initials:				Sur	name:												
Title: Pro	f.	Dr	:	ľ	Mr.		Me.		E-mai	l address:							
Telephone	Numb	er:								Dialling	code:						
Facsimil	e numb	er:								Dialling	Code:						
De et el	1	Box	No:														
Postal Address:	Suburb:																
Address:	City	/ To	wn:										Pos	stal Co	de:		

C. DECLARATION										
I hereby declare that the particulars herein are true and correct.										
Initials an	d surname:				Status (e.g. Di	rector):				
Signature:			Date:			Place				
Note: If the s application.	ignatory is a	not a director, pa	rtner or	trustee in	the business a	letter of a	uthority must accompany the			