

## APPLICATION FOR REGISTRATION TO SUBMIT REPORTS - DA 8

Section 8 of the Customs and Excise Act, 1964 (Act No. 91 of 1964) and its rules

### SEA CARGO

- a) Application for registration as a person submitting reporting documents must be done in terms of rule 8.04 read with rule 8.05 under section 8 of the Act.
- b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations):
- DA 8.01 must be completed by Carriers / Registered Agents and Clearing Agents.
  - DA 8.02 must be completed by Port Authorities.
  - DA 8.03 must be completed by Container Terminal Operators and Wharf Operators.
  - DA 8.04 must be completed by Container Depot Licensees.
- c) If the space provided on this form or the applicable annexures is insufficient, the required information must be furnished on a separate continuation page which must be attached to this form or the annexure.
- d) This application (inclusive of all annexures and attachments) must be completed and physically submitted to: Customs Trader Management - SARS Head Office, Block D, Ground floor, Lehae La SARS, 299 Bronkhorst Street, Nieuw Muckleneuk, Pretoria.

#### SARS CUSTOMS CODE

If currently registered / licensed with SARS, please state applicable customs code

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

#### Purpose of application

New registration  Amendment  Cancellation

#### REPORTER TYPE - Please indicate with an X where applicable

|                            |                          |                             |                          |
|----------------------------|--------------------------|-----------------------------|--------------------------|
| Carrier / Registered Agent | <input type="checkbox"/> | * Clearing Agent            | <input type="checkbox"/> |
| Port Authority             | <input type="checkbox"/> | Container Terminal Operator | <input type="checkbox"/> |
| Wharf Operator             | <input type="checkbox"/> | Container Depot Licensee    | <input type="checkbox"/> |

*\* The definition of "Clearing Agent" in the rules includes all persons who arrange on behalf of other persons for reward the receipt, delivery or transport of goods imported into or to be exported from the Republic. This includes Non-Vessel Operating Common Carriers (NVOCC's), Freight Forwarders and Groupage Agents.*

#### APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable

|   |                   |                          |                                   |                          |
|---|-------------------|--------------------------|-----------------------------------|--------------------------|
| Nature of Business (please indicate with X) | Company           | <input type="checkbox"/> | Close Corporation                 | <input type="checkbox"/> |
|   | Sole Proprietor   | <input type="checkbox"/> | Other Juristic Person<br>Specify: | <input type="checkbox"/> |
| Registered Name of Business                 |                   |                          |                                   |                          |
| Registration Number                         |                   |                          |                                   |                          |
| Physical Address                            |                   |                          |                                   |                          |
|   | Building Name     |                          |                                   | Floor No.                |
|   | Suburb            |                          |                                   |                          |
|   | City/Town         |                          |                                   | Postal Code              |
| Postal Address                              |                   |                          |                                   |                          |
|   | Suburb            |                          |                                   |                          |
|   | City/Town         |                          |                                   | Fax No. ( )              |
| Contact Details                             | Telephone No. ( ) |                          |                                   | Fax No. ( )              |
|   | E-mail Address    |                          |                                   |                          |

#### CONTACT PERSON AT MANAGEMENT LEVEL

|                   |  |                |     |
|-------------------|--|----------------|-----|
| Name              |  | Surname        |     |
| Designation       |  | E-mail Address | ( ) |
| Telephone No. ( ) |  | Fax No.        | ( ) |

**AUTHORITY TO ACT ON BEHALF OF JURISTIC PERSON**

I / We (name of person(s) authorised to act on behalf of juristic entity) -

(1) \_\_\_\_\_ ID No. \_\_\_\_\_ Capacity \_\_\_\_\_

(2) \_\_\_\_\_ ID No. \_\_\_\_\_ Capacity \_\_\_\_\_

being duly authorized thereto by virtue of –

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

held \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ ccyy \_\_\_\_\_; or

(b) \* express consent in writing of all the members of the close corporation; or

(c) \* express consent in writing of a person responsible for the management of any other type of juristic person  
\_\_\_\_\_ (please state name)

hereby apply on behalf of the applicant for registration to submit reports

**THE UNDER-MENTIONED ORIGINAL DOCUMENTS OR CERTIFIED COPIES THEREOF MUST ACCOMPANY THE APPLICATION, AS MAY BE APPLICABLE IN THE CIRCUMSTANCES:**

(a) Registration certificate of business – As issued by the Registrar of Companies in respect of the applicant

(b) Resolution / letter of consent or authority to act on behalf of the relevant juristic person

(c) Identity / Passport documents of -

- Individual
- Close Corporation – all the members
- Company – all the Directors, including the Managing Director and Financial Director
- Other legal person - the person responsible for the management of the juristic person

(d) Letter of appointment as Registered Agent of a carrier not located in Republic

**DECLARATION**

I for the \*Carrier / \*Registered Agent / \*Clearing Agent / \*Port Authority / \*Container Terminal Operator / \*Wharf Operator / \*Container Depot Licensee / hereby-

a) apply to be registered for the purpose of submitting reports;

b) declare that the particulars in this application, the attached annexures and all attachments are true and correct; and

c) undertake to inform the South African Revenue Service immediately of any changes in the particulars furnished.

\* Delete whichever is not applicable

|                           |  |              |  |
|---------------------------|--|--------------|--|
| Initials and Surname:     |  | I.D. Number: |  |
| Capacity (Director, etc): |  | Signature:   |  |
| Place:                    |  | Date:        |  |

**CARRIER / REGISTERED AGENT OR CLEARING AGENT– DA 8.01**

|   |   |
|---|---|
| <b>REPORTER TYPE</b> <i>(Indicate in the applicable box by means of an X)</i> |   |
| Carrier / Registered Agent <input type="checkbox"/>                           | Clearing Agent <input type="checkbox"/> |

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| <b>CARRIER DETAILS</b>  |  |  |  |  |  |  |  |  |  |
| Carrier Name  |  |  |  |  |  |  |  |  |  |
| Carrier Code assigned by international body<br>(i.e. Bureau International des Containers (BIC) or Standard Carrier Alpha Code (SCAC) Code, as applicable) |  |  |  |  |  |  |  |  |  |
| If currently licensed with SARS,<br>please state applicable customs code  |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |               |  |
|---|--|--|--|--|--|--|--|---------------|--|
| <b>REGISTERED AGENT DETAILS</b>   |  |  |  |  |  |  |  |               |  |
| Agent Name  |  |  |  |  |  |  |  |               |  |
| If currently registered with SARS,<br>please state applicable customs code      |  |  |  |  |  |  |  |               |  |
| Name(s) of Carriers not located in the Republic represented by Registered Agent |  |  |  |  |  |  |  | Carrier Codes |  |
| 1.  |  |  |  |  |  |  |  |               |  |
| 2.  |  |  |  |  |  |  |  |               |  |
| 3.  |  |  |  |  |  |  |  |               |  |
| 4.  |  |  |  |  |  |  |  |               |  |
| 5.  |  |  |  |  |  |  |  |               |  |
| 6.  |  |  |  |  |  |  |  |               |  |

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| <b>CLEARING AGENT DETAILS</b>  |  |  |  |  |  |  |  |  |  |
| Clearing Agent Name  |  |  |  |  |  |  |  |  |  |
| If currently licensed with SARS,<br>please state applicable customs code |  |  |  |  |  |  |  |  |  |

|   |  |                   |             |  |                |  |  |                |  |  |
|---|--|-------------------|-------------|--|----------------|--|--|----------------|--|--|
| <b>APPLICANT'S BRANCH OFFICE ADDRESSES</b>                                  |  |                   |             |  |                |  |  |                |  |  |
| 1. Details of all Branch Offices must be reflected.                         |  |                   |             |  |                |  |  |                |  |  |
| 2. Details of Head Offices that submit reports must also be reflected here. |  |                   |             |  |                |  |  |                |  |  |
| <b>BRANCH OFFICE PARTICULARS</b>  |  |                   |             |  |                |  |  |                |  |  |
| Branch Office Name  |  |                   |             |  |                |  |  |                |  |  |
| Physical Address  |  |                   |             |  |                |  |  |                |  |  |
| Building Name   |  |                   | Floor No.   |  |                |  |  |                |  |  |
| Suburb  |  |                   |             |  |                |  |  |                |  |  |
| City/Town   |  |                   |             |  | Postal Code    |  |  |                |  |  |
| Postal Address  |  |                   |             |  |                |  |  |                |  |  |
| Suburb  |  |                   |             |  |                |  |  |                |  |  |
| City/Town   |  |                   |             |  | Postal Code    |  |  |                |  |  |
| Contact details   |  | Telephone No. ( ) |             |  | Fax No. ( )    |  |  | E-mail Address |  |  |
| Contact Person at Management level  |  |                   |             |  |                |  |  |                |  |  |
| Name  |  |                   | Surname     |  |                |  |  |                |  |  |
| Designation   |  |                   |             |  | E-mail Address |  |  |                |  |  |
| Telephone No. ( )   |  |                   | Fax No. ( ) |  |                |  |  |                |  |  |

**APPLICANT'S BRANCH OFFICE ADDRESSES**

1. Details of all Branch Offices must be reflected.
2. Details of Head Offices that submit reports must also be reflected here.

**BRANCH OFFICE PARTICULARS**

|                                    |               |                |                |             |        |
|------------------------------------|---------------|----------------|----------------|-------------|--------|
| Branch Office Name                 |               |                |                |             |        |
| Physical Address                   |               |                |                |             |        |
|                                    |               | Building Name  |                | Floor No.   |        |
|                                    |               | Suburb         |                |             |        |
|                                    |               | City/Town      |                | Postal Code |        |
| Postal Address                     |               |                |                |             |        |
|                                    |               | Suburb         |                |             |        |
|                                    |               | City/Town      |                | Postal Code |        |
| Contact details                    |               | Telephone No.  | (    )         | Fax No.     | (    ) |
|                                    |               | E-mail Address |                |             |        |
| Contact Person at Management level | Name          |                | Surname        |             |        |
|                                    | Designation   |                | E-mail Address |             |        |
|                                    | Telephone No. | (    )         | Fax No.        | (    )      |        |

**APPLICANT'S BRANCH OFFICE ADDRESSES**

1. Details of all Branch Offices must be reflected.
2. Details of Head Offices that submit reports must also be reflected here.

**BRANCH OFFICE PARTICULARS**

|                                    |               |                |                |             |        |
|------------------------------------|---------------|----------------|----------------|-------------|--------|
| Branch Office Name                 |               |                |                |             |        |
| Physical Address                   |               |                |                |             |        |
|                                    |               | Building Name  |                | Floor No.   |        |
|                                    |               | Suburb         |                |             |        |
|                                    |               | City/Town      |                | Postal Code |        |
| Postal Address                     |               |                |                |             |        |
|                                    |               | Suburb         |                |             |        |
|                                    |               | City/Town      |                | Postal Code |        |
| Contact details                    |               | Telephone No.  | (    )         | Fax No.     | (    ) |
|                                    |               | E-mail Address |                |             |        |
| Contact Person at Management level | Name          |                | Surname        |             |        |
|                                    | Designation   |                | E-mail Address |             |        |
|                                    | Telephone No. | (    )         | Fax No.        | (    )      |        |

\* Please add continuation pages as required



**PORT AUTHORITY – DA 8.02**

|                          |  |
|--------------------------|--|
| <b>APPLICANT DETAILS</b> |  |
| Port Authority Name      |  |

|                                    |                |        |                |
|------------------------------------|----------------|--------|----------------|
| <b>PORT PARTICULARS</b>            |                |        |                |
| Port Name                          |                |        |                |
| Physical Address                   |                |        |                |
|                                    | Building Name  |        | Floor No.      |
|                                    | Suburb         |        |                |
|                                    | City/Town      |        | Postal Code    |
| Postal Address                     |                |        |                |
|                                    | Suburb         |        |                |
|                                    | City/Town      |        | Postal Code    |
| Contact details                    | Telephone No.  | (    ) | Fax No. (    ) |
|                                    | E-mail Address |        |                |
| Contact Person at Management level | Name           |        | Surname        |
|                                    | Designation    |        | E-mail Address |
|                                    | Telephone No.  | (    ) | Fax No. (    ) |

|                                    |                |        |                |
|------------------------------------|----------------|--------|----------------|
| <b>PORT PARTICULARS</b>            |                |        |                |
| Port Name                          |                |        |                |
| Physical Address                   |                |        |                |
|                                    | Building Name  |        | Floor No.      |
|                                    | Suburb         |        |                |
|                                    | City/Town      |        | Postal Code    |
| Postal Address                     |                |        |                |
|                                    | Suburb         |        |                |
|                                    | City/Town      |        | Postal Code    |
| Contact details                    | Telephone No.  | (    ) | Fax No. (    ) |
|                                    | E-mail Address |        |                |
| Contact Person at Management level | Name           |        | Surname        |
|                                    | Designation    |        | E-mail Address |
|                                    | Telephone No.  | (    ) | Fax No. (    ) |

| PORT PARTICULARS                   |                |        |                |        |
|------------------------------------|----------------|--------|----------------|--------|
| Port Name                          |                |        |                |        |
| Physical Address                   |                |        |                |        |
|                                    | Building Name  |        | Floor No.      |        |
|                                    | Suburb         |        |                |        |
|                                    | City/Town      |        | Postal Code    |        |
| Postal Address                     |                |        |                |        |
|                                    | Suburb         |        |                |        |
|                                    | City/Town      |        | Postal Code    |        |
| Contact details                    | Telephone No.  | (    ) | Fax No.        | (    ) |
|                                    | E-mail Address |        |                |        |
| Contact Person at Management level | Name           |        | Surname        |        |
|                                    | Designation    |        | E-mail Address |        |
|                                    | Telephone No.  | (    ) | Fax No.        | (    ) |

| PORT PARTICULARS                   |                |        |                |        |
|------------------------------------|----------------|--------|----------------|--------|
| Port Name                          |                |        |                |        |
| Physical Address                   |                |        |                |        |
|                                    | Building Name  |        | Floor No.      |        |
|                                    | Suburb         |        |                |        |
|                                    | City/Town      |        | Postal Code    |        |
| Postal Address                     |                |        |                |        |
|                                    | Suburb         |        |                |        |
|                                    | City/Town      |        | Postal Code    |        |
| Contact details                    | Telephone No.  | (    ) | Fax No.        | (    ) |
|                                    | E-mail Address |        |                |        |
| Contact Person at Management level | Name           |        | Surname        |        |
|                                    | Designation    |        | E-mail Address |        |
|                                    | Telephone No.  | (    ) | Fax No.        | (    ) |

\* Please add continuation pages as required

### Container Terminal Operator and Wharf Operator – DA 8.03

|   |   |
|---|---|
| <b>REPORTER TYPE</b> <i>(Indicate in the applicable box by means of an X)</i> |   |
| Container Terminal Operator <input type="checkbox"/>                          | Wharf Operator <input type="checkbox"/> |

|                                    |  |
|------------------------------------|--|
| <b>CONTAINER TERMINAL OPERATOR</b> |  |
| Company Name                       |  |

|                                     |                |                             |                |        |  |
|-------------------------------------|----------------|-----------------------------|----------------|--------|--|
| <b>CONTAINER TERMINAL LOCATIONS</b> |                |                             |                |        |  |
| Port / Place                        |                | Terminal Name               |                |        |  |
| SARS Facility Code                  |                | Transnet Port Terminal Code |                |        |  |
| Terminal Address                    | Building Name  |                             | Floor No.      |        |  |
|                                     | Suburb         |                             |                |        |  |
|                                     | City/Town      |                             | Postal Code    |        |  |
| Postal Address                      | Suburb         |                             |                |        |  |
|                                     | City/Town      |                             | Postal Code    |        |  |
| Contact details                     | Telephone No.  | (    )                      | Fax No.        | (    ) |  |
|                                     | E-mail Address |                             |                |        |  |
| Contact Person at Management level  | Name           |                             | Surname        |        |  |
|                                     | Designation    |                             | E-mail Address |        |  |
|                                     | Telephone No.  | (    )                      | Fax No.        | (    ) |  |

|                                     |                |                             |                |        |  |
|-------------------------------------|----------------|-----------------------------|----------------|--------|--|
| <b>CONTAINER TERMINAL LOCATIONS</b> |                |                             |                |        |  |
| Port / Place                        |                | Terminal Name               |                |        |  |
| SARS Facility Code                  |                | Transnet Port Terminal Code |                |        |  |
| Terminal Address                    | Building Name  |                             | Floor No.      |        |  |
|                                     | Suburb         |                             |                |        |  |
|                                     | City/Town      |                             | Postal Code    |        |  |
| Postal Address                      | Suburb         |                             |                |        |  |
|                                     | City/Town      |                             | Postal Code    |        |  |
| Contact details                     | Telephone No.  | (    )                      | Fax No.        | (    ) |  |
|                                     | E-mail Address |                             |                |        |  |
| Contact Person at Management level  | Name           |                             | Surname        |        |  |
|                                     | Designation    |                             | E-mail Address |        |  |
|                                     | Telephone No.  | (    )                      | Fax No.        | (    ) |  |

\* Please add continuation pages as required



**WHARF OPERATOR**

Company Name

**WHARF LOCATIONS**

Port Name

SARS Facility Code

Transnet Facility Code

Wharf Address

Building Name

Floor No.

Suburb

City/Town

Postal Code

Postal Address

Suburb

City/Town

Postal Code

Contact details

Telephone No.

( )

Fax No.

( )

E-mail Address

Contact Person  
at Management level

Name

Surname

Designation

E-mail Address

Telephone No.

( )

Fax No.

( )

**WHARF LOCATIONS**

Port Name

SARS Facility Code

Transnet Facility Code

Wharf Address

Building Name

Floor No.

Suburb

City/Town

Postal Code

Postal Address

Suburb

City/Town

Postal Code

Contact details

Telephone No.

( )

Fax No.

( )

E-mail Address

Contact Person  
at Management level

Name

Surname

Designation

E-mail Address

Telephone No.

( )

Fax No.

( )

\* Please add continuation pages as required

**WHARF TYPE** (*Indicate the type of cargo normally handled per wharf in the applicable box by means of an X*)

| Port Name | Wharf number as allocated by Transnet Port Terminals (TPT) | Break Bulk               | Dry Bulk                 | Liquid Bulk              | Combination of Bulk & Break Bulk | Combination of Bulk / Break Bulk & Containerised Cargo |
|-----------|--|--------------------------|--------------------------|--------------------------|----------------------------------|--|
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
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|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |
|           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                               |

\* Please add continuation pages as required

## LICENSED CONTAINER DEPOT – DA 8.04

| <b>APPLICANT DETAILS</b> |  |
|--------------------------|--|
| Name of Company          |  |

| <b>CONTAINER DEPOT LOCATIONS</b>   |                |            |  |                    |                |        |  |
|------------------------------------|----------------|------------|--|--------------------|----------------|--------|--|
| Port / Place                       |                | Depot Name |  | SARS Facility Code |                |        |  |
| Depot Address                      |                |            |  |                    |                |        |  |
|                                    |                |            |  |                    |                |        |  |
|                                    | Suburb         |            |  |                    |                |        |  |
| City/Town                          |                |            |  |                    | Postal Code    |        |  |
| Postal Address                     |                |            |  |                    |                |        |  |
|                                    |                |            |  |                    |                |        |  |
|                                    | Suburb         |            |  |                    |                |        |  |
| City/Town                          |                |            |  |                    | Postal Code    |        |  |
| Contact details                    | Telephone No.  | (    )     |  |                    | Fax No.        | (    ) |  |
|                                    | E-mail Address |            |  |                    |                |        |  |
| Contact Person at Management level | Name           |            |  |                    | Surname        |        |  |
|                                    | Designation    |            |  |                    | E-mail Address |        |  |
|                                    | Telephone No.  | (    )     |  |                    | Fax No.        | (    ) |  |

| <b>CONTAINER DEPOT LOCATIONS</b>   |                |            |  |                    |                |        |  |
|------------------------------------|----------------|------------|--|--------------------|----------------|--------|--|
| Port / Place                       |                | Depot Name |  | SARS Facility Code |                |        |  |
| Depot Address                      |                |            |  |                    |                |        |  |
|                                    |                |            |  |                    |                |        |  |
|                                    | Suburb         |            |  |                    |                |        |  |
| City/Town                          |                |            |  |                    | Postal Code    |        |  |
| Postal Address                     |                |            |  |                    |                |        |  |
|                                    |                |            |  |                    |                |        |  |
|                                    | Suburb         |            |  |                    |                |        |  |
| City/Town                          |                |            |  |                    | Postal Code    |        |  |
| Contact details                    | Telephone No.  | (    )     |  |                    | Fax No.        | (    ) |  |
|                                    | E-mail Address |            |  |                    |                |        |  |
| Contact Person at Management level | Name           |            |  |                    | Surname        |        |  |
|                                    | Designation    |            |  |                    | E-mail Address |        |  |
|                                    | Telephone No.  | (    )     |  |                    | Fax No.        | (    ) |  |

*\* Please add continuation pages as required*