



REGISTRATION CLIENT TYPE 4A15 - MANUFACTURE OF EXCISABLE GOODS SOLELY FOR OWN USE BY THE MANUFACTURER

Details of applicant:	
Full name/Company name:	Postal Address:
Identity Number / Company Registration Number:	Income tax reference number:
Physical address:	Cellular phone number:
Email address:	Details of alternative contact person (e.g. spouse/business partner/next of kin):
Details of manufacturer:	
Physical address where manufacturing will occur:	Physical address where storage will occur:
Description of goods to be manufactured and stored:	
Description of any manufacturing and storage process:	
Capacity of any manufacturing plant and equipment:	
Capacity of any storage facility and equipment:	
Estimated annual manufacture:	
Estimated annual own use:	

Declaration:

I have read and understand section 116 and rule 116 and such other rules as applicable to the excise type and manufacturing activity to which this application relates.

I am aware of the provisions of Rule 59A.10 in terms of which I am required to have sufficient knowledge of excise laws and procedures in relation to the manufacturing activity I intend to undertake and that.

I am aware that the concept of own use implies limitation, and that except as permitted by Rule, I may not in any manner dispose of the product that I may be permitted to manufacture in terms hereof.

If you have been convicted of any offence in terms of the Customs and Excise Act or any law relating to the illicit manufacture, conveyance, supply or possession of intoxicating liquor during the past two years, state the nature of the offence and penalty imposed:	
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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 / Capacity, e.g. Director)
..... (Signature) (Date & Place)

FOR OFFICIAL USE ONLY:

Approved: _____ Controller _____ Date	Licence No.	Office Stamp
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