

## APPLICATION FORM: REGISTRATION / LICENSING OF CUSTOMS AND EXCISE CLIENTS

			For official use										
1. NOTES FOR COMPLE	TION OF THE DA 185 AND ITS ANNE	KURES		* * *	-		<u> </u>		-	-	-		
1. Where the asterisk (*) a	ppears, delete whichever is not applicable.									_			
2. Indicate with an" X" in the appropriate block(s) whichever is applicable.													
3. Complete the appropria	ate annexure.												
	n form DA185 and applicable annexure(s) is A185 and the annexures.	s insuffic	cient, the information	must be furni	shed o	nas	eparat	te page	ə, whic	h mus	st be		
	stoms and excise client number, customs a information or for a total cancellation per c			r or rebate use	r numt	oer w	hen a	pplying	g for th	e			
6. Where security must be	e furnished complete and submit annexure	DA 185.	с.										
7. A foreign principal mus	t complete and submit annexure DA 185.D												
8. Complete and submit (	if applicable) the appropriate prescribed ag	reement	-										
9. All Customs and Excise	e forms are available on the SARS website	( <u>www.sa</u>	<mark>rs.gov.za</mark> ) or at any S	ARS branch o	office.								
2. EXISTING REGISTRA	NT/LICENSEE PARTICULARS			<b></b>									
If currently registered/licens	ed with SARS, please state allocated customs	client nu	mber.										
3. NATIONALITY													
Natural person, who is:			Juristic person, that	is:									
Located in the RSA:	Yes 🗌 No 🗖		Located in the RSA:				Yes	s 🗌 No					
4. PURPOSE OF APPLIC	CATION												
New Registration/Licensee or	r renewal:	Amend	Iment of existing inform	nation:		1	С	ancella	ition:				
5. ANNEXURES				7									
Annexure	Purpose	Tick box	Annexure		P	urp	ose				Tick box		
DA 185 4A1	Importer (Local or Foreign)		DA 185 4B1	Special Mar 21 and the r				ouse –	(Sectio	'n			
DA 185 4A2	Exporter (Local or Foreign)		DA 185 4B2	Manufacturir 27 <u>, and</u> 54E rules thereto	and C								
DA 185 4A2	Exporter for SADC, SADC-EPA, SACU/EFTA and SACU/MERCOSUR – (rule 59A.01, rules 49A, 49B, 49D and 49E)		DA 185 4B3	Storage Warehouse									
DA 185 4A2 (Section A) & Form DA 46A1.02	Exporter for AGOA – (rules 46A1.02) DA 185 4B4 Special Storage Warehouse (Sections and 21 and the rules thereto)									9A			
DA 185 4A2 (Section B) & Form DA 49A.02	Approved Exporter – SADC-EPA or SACU/EFTA – (rules 49A.18 (19), (20) and 49D.18(19)(20))		DA 185 4B5	Clearing Agent - (Section 64B and the rules thereto)									
DA 185 4A2 (Section C) & Form DA 46A.01	Exporter for GSP (various countries) - (relevant rules for section 46A)		DA 185 4B6	Remover of goods in Bond (Local or Foreign) – (Section 64D and the rule thereto)									
DA 185 4A3	Rebate User (Schedule Nos. 3, 4 and 6) – (Section 75 and the rules thereto)		DA 185 4B7	Distributor of rules thereto			Sectior	n 64F	and th	ie			
DA 185 4A4 & DA46A1.03	Manufacturer – (Section 46)		DA 185 4B8	Special Warehouse thereto)		Valor ction			ifacturir he rule				
DA 185 4A5	Special Manufacturing Warehouse: APDP		DA 185 4B9	Storage War Enterprise) - 21A.10)									
DA 185 4A6	Electronic Communication with SARS – (Section 101A and the rules thereto)		DA 185 4B10	Manufacturing Warehouse (Customs Controlled Area Enterprise) – (Sections 19A, 21A, 27 and Rule 21A.10)									

DA 185 4A7 & Form DA 46A.02	Producer for SACU/EFTA, S GSP – (rule 59A. 49E and 46A2.18	ACU/MERCOSUR and 01, rules 49A, 49B, 49D,		DA 185 C	Security Particula	ars			
DA 185 4A8	Commercial man (Section 37B and	nufacturer of biodiesel – rule 37B.02(b))		DA 185 D	Nomination of principal	registered	agent by foreign		
5. ANNEXURES (contin	nued)			•					
DA 185 4A9	Non-commercial biodiesel – (S 37B.02(a))	manufacturer of ection 37B and rule							
DA 185 4A10		terms of drawback items 0 (Note 2(a) to Part 1 of							
DA185 4A11	designation of a	c Zone Operator and/or Customs Controlled Area s 21A and Rule 21A.04)							
DA 185 4A12	Electricity Production the rules thereto 54FA.04)	cer – ( <del>Chapter VA and</del> (Section 59A and Rule							
DA 185 4A13	Registered Agent	t					+	(	Formatted Table
<u>DA 185.4A14</u>	Non-commercial beverages (Section	manufacturer of sugary on 59A and Rule 541.03							
6. BUSINESS / PERSO	N PARTICULARS								
Registered name of busin	ess or name of applic	cant:							
Business address:	Street name and num	nber:							
Building	g name and floor num	nber:							
Suburb:									
City/Town:					Street	code:			
Postal address:									
Suburb:					1				
City/Town:					Postal	code			
Business Telephone (Inclu	uding code): Code:	: () Tel. (	)	Fax number (Incl	uding code): Code	: ()	Fax. (	)	
Business e-mail address:									
7. SOUTH AFRICAN B	ANK ACCOUNT D	DETAILS							
Mark if you do not have a	local savings or cheo	ue account 🔲 Accou	unt No:						
Branch Name:	0	<u> </u>			Branch	n No:			
Bank Name:				Ch	eque: 🔲 Sav	ings:	Transmission	: 🗆	
Account Holder Name:				I					
8. SARS REVENUE ID		JMBERS (if applicabl	le)						
i. VAT Registration Number	r: <b>4</b>		ii.	Income Tax Reference	e Number:				
iii. PAYE Reference Numbe	r: 7		iv.	SDL Reference Numb	ber: L				
v. UIF Reference Number:	U								
9. NATURE OF BUSIN	ESS								
Company Clos	e Corporation	Tru	ıst	Sole Pr	oprietor / Individual		Partnership		
	ublic Authority	Foreign Individu	ıal		External Company		Sole Proprietor		
Company / Close Corpor		ation Number:							
Company / Close Corpor	auon / Trust Registra	auon number:							

10. PARTICULA	ARS O	F SOI	LE PR	OPRI	ETOR / INDIVIDU	JAL / DIRECTORS AND / OR PARTNERS	
i. Initials:					First Name/s:		

Surname:																								
Capacity:																								
ID / Passport N	0:																		Pa (e.g. Sout		ort Cou ica = 2			
	-	· ·				1																		
ii. Initials:	_					F	irst N	ame/s	:														_	
Surname:	_																						_	
Capacity:		1	1	1	1	1	-	1	1	1	1	1	-	1	-	-	-		D		ort Cou	untra (	_	
ID / Passport N	0:																		e.g. Sout					
iii. Initials:						F	First N	ame/s															-	
Surname:																								
Capacity:																								
ID / Passport N																					ort Cou		Т	
	5.																		(e.g. Sout	th Afr	rica = Z	ZAF)		
11. PUBLIC	OFFIC	ER /	REPI	RESE	ENTA	ATIVI	E																	
Surname:																								
First Name:																								
Telephone (incl	uding c	ode):	Code	ə: (	)	Te	el. (				)		Fax n	umbe	r (Incl	uding	code)	: Code: (	)	F	ax. (			)
E-mail address	:																	Cellular Pho	one Numbe	er:	(			)
Public Officer:		Cur	rator/T	rustee	э:		Pa	artner:	C		Acco	ountin	g offic / Fin		reasu al Offic			Other, pleased	ase					
12. INFORM			ARD	ING	CON		VEN		IS AL		тне	RM		ERS									_	
Please indicate							_			_	_	_			for co	ction I	504 0	r 60:						
(a) Has contrav			•		-						emple	aleu i		ules	101 30		55A 0	100	Yes:	1	1	No:		
(b) Has failed to											nt im	00500	t by th		mmiss	sioner	,		Yes:	-		No:		
(c) Has been co								ounor	loqui			50500				Joner			Yes:	-		No:		
(d) Has been co			-					etv.					-					/	Yes:	-		No:		
(e) Has made			-			-		•	erial ı	respe	ct or	omitt	ed to	state	any	mater	ial fac	t which was	Yes:	-		No:		
required to						or regi	istratio	on or f	or any	y othe	er pur	pose	under	the /	Act.	-	-							
(f) Has ever be Note:	en inso	lvent	or in lie	quidat	ion.														Yes:			No:		
<ul> <li>If the answer</li> <li>Any applicant negligence, a</li> </ul>	may, v	where	it is c	onten	ded i	n res	pect c	of para	graph	hs (a)	) and	<i>(b)</i> th	at the	cont	raven	tion o	or failu	re was inadve		out fr	raudule	ent inten	t or g	gross
																` 📢								

## 13. DOCUMENTS IN SUPPORT OF APPLICATION

0	er than 3 months must be submitted with this application form.	
Natural person or juristic person located in	the RSA	
One of the following documents to prove	bank details i.e. the account holder's name, bank account number a	and bank branch code:
	egible certified copy of an original bank statement;	
<ul> <li>An original letter from the bank; c</li> <li>An original auto bank statement.</li> </ul>		
-		
<ul> <li>Original or certified copies of the following Registration partificate of business</li> </ul>	ss (as issued by the Registrar of Companies Companies and Intelle	atual Branarty Commission or Master of the
Supreme Court in the case of a T		ctual Property Commission of Master of the
<ul> <li>Resolution/consent or other auth</li> </ul>		
<ul> <li>Municipal account to confirm the</li> </ul>		
<ul> <li>Detailed site plan in the case of a</li> <li>Agency Contract between agent</li> </ul>		
	y a foreign principal in the case of an application for a registered age	ent:
	from SARS to confirm revenue registration details;	
	and/or cell phone account to confirm contact details;	
In the case of Annexures DA 185 approving the allocation of land in	5.4B9 and DA 185.4B10, a letter to the applicant signed by the SEZ	Operator on his or her own letter-headed paper
<ul> <li>Identity/passport documents of –</li> </ul>		
- Individual		
	poration and Trust (All Members / Partners / Trustees)	
	, including Managing Director and Financial Director)	
	of an emancipated minor	
Any other information as the Commission		
Natural person or juristic person not locate	d in the RSA	
Original or certified copies of the following		
	ant and agent (with an established place of business in the RSA) of	her than clearing agent;
	n revenue registration details (if applicable); m the relevant competent authority in the foreign country;	
<ul> <li>Identity document or passport; a</li> </ul>		
<ul> <li>Court order in the case of an email</li> </ul>		
Any other information as the Commission	her for SARS may require.	
14. DECLARATION:		
I hereby-	on and all enclosures are true and correct; and	
(b) undertake to-	on and all enclosures are true and correct, and	
	changes in the particulars furnished in the application;	
<li>(ii) comply with the customs and excise la </li>	aws and procedures.	
(Initials and Surname	e) (Statu	is / Capacity, e.g. Director)
(Signature)		(Date & Place)
15. FOR OFFICIAL USE ONLY		
	T	
I,	me Team Member, at Branch Office	Office hereby certify / confirm
that the applicant / representative*:		
<ul> <li>Visited this office in person;</li> </ul>	doptification document/paceport*. and	
<ul><li>Visited this office in person;</li><li>Is in fact the person reflected on his/her i</li></ul>		
<ul><li>Visited this office in person;</li><li>Is in fact the person reflected on his/her i</li></ul>		
<ul> <li>Visited this office in person;</li> <li>Is in fact the person reflected on his/her i</li> <li>Is the person as is reflected on the letter</li> </ul>	of authority (where applicable).	Date
<ul><li>Visited this office in person;</li><li>Is in fact the person reflected on his/her i</li></ul>		Date
Visited this office in person;     Is in fact the person reflected on his/her i     Is the person as is reflected on the letter     Team Member: SID I,	of authority (where applicable).  Team Member: Signature Team Leader, at	Office hereby certify / confirm
Visited this office in person;     Is in fact the person reflected on his/her i     Is the person as is reflected on the letter     Team Member: SID	of authority (where applicable).  Team Member: Signature Team Leader, at	Office hereby certify / confirm
Visited this office in person;     Is in fact the person reflected on his/her i     Is the person as is reflected on the letter     Team Member: SID I,	of authority (where applicable).  Team Member: Signature Team Leader, at	Office hereby certify / confirm
Visited this office in person;     Is in fact the person reflected on his/her i     Is the person as is reflected on the letter     Team Member: SID I,     Full name and suman that the applicant / representative*:     Visited this office in person;	of authority (where applicable).	Office hereby certify / confirm
Visited this office in person;     Is in fact the person reflected on his/her i     Is the person as is reflected on the letter     Team Member: SID  I,     Full name and suman that the applicant / representative*:     Visited this office in person;     Is in fact the person reflected on his/her i	of authority (where applicable). Team Member: Signature Team Leader, at Office na identification document/passport*; and	Office hereby certify / confirm
Visited this office in person;     Is in fact the person reflected on his/her i     Is in fact the person as is reflected on the letter     Team Member: SID I,     Full name and suman that the applicant / representative*:     Visited this office in person;	of authority (where applicable). Team Member: Signature Team Leader, at Office na identification document/passport*; and	Office hereby certify / confirm
Visited this office in person;     Is in fact the person reflected on his/her i     Is the person as is reflected on the letter     Team Member: SID I,     Full name and summan that the applicant / representative*:     Visited this office in person;     Is in fact the person reflected on his/her i	of authority (where applicable). Team Member: Signature Team Leader, at Office na identification document/passport*; and	Office hereby certify / confirm