



**REGISTRATION CLIENT TYPE 4A17 – TO BE IN POSSESSION OR CONTROL OF AND TO USE GOODS CONSISTING OF A MIXTURE WHICH INCLUDES MARKED GOODS (SECTION 37A(9) AND RULE 37A.12)**

- Please complete the appropriate section ( A and B or C )
- A separate application should be submitted for each location where a marked product will be mixed
- The mixture must be used solely for domestic or industrial applications as contemplated in Rule 37A.12
- Mixing must take place as contemplated in Rule 37A.12(a)(ii)
- Copies of the following documents **must** be submitted with each application:
  - I.D. or Company/CC registration certificate
  - Tax Clearance Certificate
  - Plan of the premises indicating the production, storage and use facilities
- The applicant's attention is drawn to the requirements of Rule 37A.12(b) and (c) read with Rules 37A.07(a) and (b) of the Customs and Excise Act No. 91 of 1964
- Any change in any particulars contained in this application must be brought to the attention of the Commissioner immediately

| A   | New application     |
|---|---------------------|
| Full name of applicant  |                     |
| Postal address of applicant   |                     |
| Postal code   |                     |
| Physical address of applicant where mixing takes place                |                     |
| VAT registration number   |                     |
| Income tax number   |                     |
| Company/CC registration no. (or ID no. if applicant is an individual) |                     |
| Code and telephone number of applicant                                |                     |
| Code and Fax number of applicant                                      |                     |
| E- mail address of applicant  |                     |
| B   | Business Activities |
| Name and address of supplier/s of marked goods                        |                     |

|  |  |
|--|--|
| Name and address of supplier/s of additives                                |  |
| Name and address of supplier/s of marked blended goods                     |  |
| Estimated quantity of goods to be mixed (per annum)                        |  |
| Formula of blend of goods to be mixed                                      |  |
| Total number and marks of tanks to be used for production/storage purposes |  |
| Capacity of each tank referred to above                                    |  |

**C** **Change of: ( Mark with a "X" )**

| Name | Address | Cancellation | Other |
|------|---------|--------------|-------|
|------|---------|--------------|-------|

**If change of name and/or address and/or other particulars please insert new particulars in the appropriate fields in A or B**

|  |  |
|--|--|
| Previous name of applicant             |  |
| Previous postal address of applicant   |  |
| Previous physical address of applicant |  |
| If other, please indicate              |  |

**I HEREBY DECLARE THAT THE INFORMATION REFLECTED ABOVE IS TRUE AND CORRECT**

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**Name (in print)      Signature      Capacity      Date**