

**APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8A**

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

**AIR 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 of the rules under section 8 of the Customs and Excise Act, 1964
- b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations):
- DA 8A.01 must be completed by Carriers / Registered Agents and Clearing Agents
  - DA 8A.02 must be completed by Port Authorities
  - DA 8A.03 must be completed by Transit Shed Operators
  - DA 8A.04 must be completed by Degrouping 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, or a customs and excise office as may be indicated on the SARS website for receipt of such applications

<b>SARS CUSTOMS / EXCISE CLIENT NUMBER</b>			
If currently registered / licensed in terms of the Act, please state applicable customs and / or excise client number			
<b>Purpose of application</b>			
New registration	<input type="checkbox"/>	Update of existing information	<input type="checkbox"/>
		Notification of cancellation	<input type="checkbox"/>

<b>REPORTER TYPE - Please indicate with an X where applicable</b>			
Carrier	<input type="checkbox"/>	* Clearing Agent	<input type="checkbox"/>
Registered Agent	<input type="checkbox"/>	Transit Shed Operator	<input type="checkbox"/>
Port Authority	<input type="checkbox"/>	Degrouping Operator	<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 Freight Forwarders, Groupage Agents and Couriers that are not carriers

<b>LOCATION OF APPLICANT</b>			
Natural person who is:		Juristic person that is:	
Located in the RSA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Located in the RSA	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable</b>					
Nature of business (please indicate with X)	Company	<input type="checkbox"/>	Close corporation	<input type="checkbox"/>	
	Sole proprietor / Natural person	<input type="checkbox"/>	Other juristic person	<input type="checkbox"/>	
Cooperative	<input type="checkbox"/>	Organ of State	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Registered name of business (juristic person) or name of natural person					
Registration number					
Physical address					
	Building address: Complex	Unit/Floor number			
	Building name				
	Street name and number	Street code			
	Suburb/District				
City/Town					

Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	( )	Fax number	( )
	Home telephone number			
	Business e-mail address			
	Web address			

**CONTACT PERSON AT MANAGEMENT LEVEL**

Name		Surname	
ID type		Citizenship	
Designation/ Capacity		E-mail address	( )
Telephone number	( )	Fax number	( )

**SOUTH AFRICAN BANK ACCOUNT DETAILS**

Bank account number:																					
Mark if you do not have a South African bank account and are using a South African bank account of a third party																					
Branch name:											Branch number:										
Bank name:											Cheque:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	Transmission:	<input type="checkbox"/>					
Account holder name:																					

**AUTHORISED OFFICER**

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

- (1) \_\_\_\_\_ ID No. \_\_\_\_\_ Capacity / Designation  
\_\_\_\_\_
- (2) \_\_\_\_\_ ID No. \_\_\_\_\_ Capacity / Designation  
\_\_\_\_\_

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 reporting documents

**DOCUMENTS IN SUPPORT OF APPLICATION**

- (a) Registration certificate of business – as issued by the Companies and Intellectual Property Commission (CIPC) 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 juristic person - the person responsible for the management of the juristic person
- (d) DA 185 D in respect of Registered Agent of carrier not located in the Republic

**DECLARATION BY APPLICANT OR AUTHORISED OFFICER ON BEHALF OF APPLICANT THAT IS A JURISTIC PERSON**

I for the \*Carrier / \*Registered Agent / \*Clearing Agent / \*Port Authority / \*Transit Shed Operator / \*Degrouping Depot Licensee / hereby-

- a) apply to be registered for the purpose of submitting reporting documents;
  - b) declare that the particulars in this application and all annexures are true and correct; and
  - c) undertake to-
    - (i) inform the South African Revenue Service promptly in accordance with the rules of any changes in the particulars furnished in the application; and
    - (ii) comply with customs and excise laws and procedures
- \* *Delete whichever is not applicable*

Initials and surname:		I.D. number:	
Capacity / Designation (Director, etc):		Signature:	
Place:		Date:	

**CARRIER / REGISTERED AGENT OR CLEARING AGENT– DA 8A.01**

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

<b>CARRIER DETAILS</b>											
Carrier name											
Carrier code assigned by international body (IATA 3-digit Airline Code or SARS assigned code for non-IATA airlines)											
If currently licensed with SARS, please state applicable customs and excise client number											

<b>REGISTERED AGENT DETAILS</b>											
Agent name											
If currently registered with SARS, please state applicable customs and excise client number											
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											
Please state applicable customs and excise client number											

<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 Address: Complex											
Unit/Floor number											
Suburb/District											
City/Town											
Street code											
Postal address											
Suburb/District											
City/Town											
Postal code											
Contact details											
Business telephone number ( )											
Business e-mail address											
Contact person											
Name											
Surname											

at management level	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	( )	Fax number	( )

### 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 address: Complex		Unit/Floor number	
	Suburb / District			
	City/Town	Street code		
Postal address				
	Suburb/District			
	City/Town	Postal code		
Contact details	Business telephone number	( )	Fax number	( )
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	( )	Fax number	( )

### APPLICANT'S BRANCH OFFICE ADDRESSES

1. Details of all Branch offices must be reflected
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#### BRANCH OFFICE PARTICULARS

Branch office name				
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town	Street code		
Postal address				
	Suburb/District			
	City/Town	Postal code		
Contact details	Business telephone number	( )	Fax number	( )
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	( )	Fax number	( )

\* Please add continuation pages as required

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## PORT AUTHORITY - DA 8A.02

APPLICANT DETAILS	
Port authority name	

AIRPORT PARTICULARS				
Airport name		IATA 3-letter airport code		
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	(    )	Fax number	(    )
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	(    )	Fax number	(    )

AIRPORT PARTICULARS				
Airport name		IATA 3-letter airport code		
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	(    )	Fax number	(    )
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	(    )	Fax number	(    )

AIRPORT PARTICULARS				
Airport name			IATA 3-letter airport code	
Physical Address				
	Building address: Complex			Unit/Floor number
	Suburb / District			
	City/Town			Street code
Postal address				
	Suburb/District			
	City/Town			Postal code
Contact details	Business telephone number	( )	Fax number	( )
	Business e-mail address			
Contact person at management level	Name			Surname
	Designation/ Capacity			E-mail address
	ID type			Citizenship
	Telephone number	( )	Fax number	( )

AIRPORT PARTICULARS				
Airport name			IATA 3-letter airport code	
Physical address				
	Building address: Complex			Unit/Floor number
	Suburb / District			
	City/Town			Street code
Postal address				
	Suburb/District			
	City/Town			Postal code
Contact details	Business telephone number	( )	Fax number	( )
	Business e-mail address			
Contact person at management level	Name			Surname
	Designation/ Capacity			E-mail address
	ID type			Citizenship
	Telephone number	( )	Fax number	( )

\* Please add continuation pages as required

## TRANSIT SHED OPERATOR – DA 8A.03

APPLICANT DETAILS	
Company name	

TRANSIT SHED LOCATION					
Place		Transit shed name			
SARS facility code		Port terminal code			
Transit shed address	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town			Street code	
Postal address	Suburb/District				
	City/Town			Postal code	
Contact details	Business telephone number ( )			Fax number ( )	
	Business e-mail address				
Contact person at management level	Name			Surname	
	Designation/ Capacity			E-mail address	
	ID type			Citizenship	
	Telephone number ( )			Fax number ( )	

TRANSIT SHED LOCATION					
Place		Transit shed name			
SARS facility code		Port terminal code			
Transit shed address	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town			Street code	
Postal address	Suburb/District				
	City/Town			Postal code	
Contact details	Business telephone number ( )			Fax number ( )	
	Business e-mail address				
Contact person at management level	Name			Surname	
	Designation/ Capacity			E-mail address	
	ID type			Citizenship	

Telephone number	( )	Fax number	( )
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TRANSIT SHED LOCATION			
Place			Transit shed name
SARS facility code			Port terminal code
Transit shed address	Building address: Complex	Unit/Floor number	
	Suburb/District		
	City/Town	Street code	
Postal address			
	Suburb/District		
	City/Town	Postal code	
Contact details	Business telephone number	( )	Fax number ( )
	Business e-mail Address		
Contact person at management level	Name	Surname	
	Designation/ Capacity	E-mail address	
	ID type	Citizenship	
	Telephone number	( )	Fax number ( )

TRANSIT SHED LOCATION			
Place			Transit shed name
SARS facility code			Port terminal code
Transit shed address	Building address: Complex	Unit/Floor number	
	Suburb/District		
	City/Town	Street code	
Postal address			
	Suburb/District		
	City/Town	Postal code	
Contact details	Business telephone number	( )	Fax number ( )
	Business e-mail address		
Contact person at management level	Name	Surname	
	Designation/ Capacity	E-mail address	
	ID type	Citizenship	
	Telephone number	( )	Fax number ( )

\* Please add continuation pages as required

## LICENSED DEGROUPING DEPOT – DA 8A.04

<b>APPLICANT DETAILS</b>	
Company name	

<b>DEGROUPING DEPOT LOCATION</b>					
Place		Degrouping depot name		SARS facility code	
Degrouping depot address	Building address: Complex				
	Suburb/District				
	City/Town		Street code		
Postal address					
	Suburb/District				
	City/Town		Postal code		
Contact details	Business telephone number	(    )	Fax number	(    )	
	Business e-mail address				
Contact person at management level	Name			Surname	
	Designation/ Capacity			E-mail address	
	Telephone number	(    )	Fax number	(    )	

<b>DEGROUPING DEPOT LOCATION</b>					
Place		Degrouping depot name		SARS facility code	
Degrouping depot address	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town		Street code		
Postal address					
	Suburb/District				
	City/Town		Postal code		
Contact details	Business telephone number	(    )	Fax number	(    )	
	Business e-mail address				
Contact person at management level	Name			Surname	
	Designation/ Capacity			E-mail address	
	ID type			Citizenship	

	Telephone number	( )	Fax number	( )
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DEGROUPING DEPOT LOCATION				
Place		Degrouping depot name		SARS facility code
Degrouping depot address	Building address: Complex			Unit/Floor Number
	Suburb/District			
	City/Town		Street code	
	Postal address			
Postal address	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	( )	Fax number	( )
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Capacity	
	Telephone number	( )	Fax number	( )

DEGROUPING DEPOT LOCATION				
Place		Degrouping depot name		SARS facility code
Degrouping depot address	Building address: Complex			Unit/Floor Number
	Suburb/District			
	City/Town		Street code	
	Postal address			
Postal address	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	( )	Fax number	( )
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Capacity	
	Telephone number	( )	Fax number	( )

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