

APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8C

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

ROAD 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 8C.01 must be completed by Carriers / Registered Agents
- 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

SARS CUSTOMS / EXISE CLIENT NUMBER

If currently registered / licensed in terms of the Act, please state applicable customs and / or excise client number

PURPOSE OF APPLICATION

New registration Update of existing information Notification of cancellation

REPORTER TYPE - Please indicate with an X where applicable

Carrier

Registered Agent

LOCATION OF APPLICANT

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"/>

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/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	Business address: Complex				
	Building name				
	Street name and number	Unit/Floor number			
	Suburb/ District				
	City/Town	Street code			
Postal address	Suburb / District				
	City/Town	Postal code			
Contact details	Business telephone number ()	Fax number ()			

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

I for the *Carrier / *Registered Agent / hereby-

- a) apply to be registered for the purpose of submitting reporting documents;
- b) declare that the particulars in this application, annexures and attachments 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:	

DRAFT

CARRIER / REGISTERED AGENT– DA 8C.01

REPORTER TYPE - Please indicate with an X where applicable		
Carrier	<input type="checkbox"/>	
Registered Agent	<input type="checkbox"/>	

CARRIER DETAILS												
Carrier name												
Carrier code (SARS-assigned)												
If currently licensed with SARS, please state applicable customs and excise client number												

REGISTERED AGENT DETAILS												
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.												

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

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

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BRANCH OFFICE PARTICULARS

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

* Please add continuation pages as required