



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
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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