



LICENSING CLIENT TYPE 4B2 - MANUFACTURING WAREHOUSE (Sections 19A, 27 and 54E and Chapter VA and the rules thereto)

Notes:

- Whenever an asterisk (*) appears, please delete whichever is not applicable
- Indicate with an X in the appropriate block(s) whichever is applicable

Trading Particulars:

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name as that stated in Block 5 of the application form (DA 185).

Trade name of business:	
Physical address: Street name and number:	
Building name and floor number:	
Suburb:	
City/Town:	
Street code:	

Authority to apply:

I/We,

 (name of applicant)
 herein represented by:

(1) (2)
 (Capacity) (Capacity)

being duly authorised thereto by virtue of –

(a) *a resolution passed at a meeting of the Board of Directors, held at
 on the day of (CCYY); or
 (b) *express consent in writing of all the members of the close corporation /* partners of the partnership /*
 trustees of the trust; or
 (c) * being a person having the management of any other association; or
 (d) * delegated officer of an organ of State,
 hereby apply for licensing of a Manufacturing Warehouse.

Warehouse Particulars:

(a) Indicate with an X what the warehouse will be used for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Manufacturing Warehouse (VM)</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Manufacturing Warehouse Primary (VMP)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Manufacturing Warehouse Secondary (VMS)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Manufacturing Warehouse (VM)	<input type="checkbox"/>	Manufacturing Warehouse Primary (VMP)	<input type="checkbox"/>	Manufacturing Warehouse Secondary (VMS)	<input type="checkbox"/>
Manufacturing Warehouse (VM)	<input type="checkbox"/>						
Manufacturing Warehouse Primary (VMP)	<input type="checkbox"/>						
Manufacturing Warehouse Secondary (VMS)	<input type="checkbox"/>						

(b) Please state the rebate item(s), tariff subheading(s) / item(s) (if applicable), and describe the goods that will be manufactured or stored in the warehouse.

Rebate item(s)	Tariff subheading(s) / item(s)	Rebate Code	Description of goods manufactured / stored
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			

Continues overleaf

Completion by Electricity Producers only		
Installed Capacity of Electricity Generation Plant:		
Number of Electricity Generation Units:		
Non-renewable energy source used:	Coal Petroleum based liquid fuels Natural gas Nuclear Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Specify :
If electricity generated from co-generation, indicate type: (Rule 54FA.10(c)(ii))	Waste heat or energy from waste Combined heat and power Renewable Solar power	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Originals or certified copies to accompany the application:

- (a) Registration certificate of business (as issued by the Registrar of Companies or Master of the Supreme Court in the case of a Trust)
- (b) Resolution/consent or other authority as applicable
- (c) Proof of Address
- (d) Identity/passport documents of -
 - * Individual
 - * Partnership, Close Corporation and Trust (All Members / Partners / Trustees)
 - * Company (All Directors, including Managing Director and Financial Director)

Declaration:

I hereby -

- (a) **declare** that the particulars in the application and all enclosures are true and correct; and
- (b) **undertake** to -
 - (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
 - (ii) comply with the customs and excise laws and procedures.

..... (Initials and Surname) (Signature) (Status / Capacity, e.g. Director) (Date & Place)
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FOR OFFICIAL USE				
File Number:				
*Details of First Licence:				
Type of Warehouse:	VM	VMP	VMS	
Warehouse Number:				
Licence Number:				
Licence Date:				
District Office:				
*Details of Second Licence:				
Type of Warehouse:	VM	VMP	VMS	
Warehouse Number:				
Licence Number:				
Licence Date:				
District Office:				
*Details of Third Licence:				
Type of Warehouse:	VM	VMP	VMS	
Warehouse Number:				
Licence Number:				
Licence Date:				
District Office:				
* Delete whichever is not applicable				