ANNEXURE DA 185.4A13

REGISTRATION CLIENT TYPE 4A13 – REGISTERED AGENT

Notes:	• Please indicate with an" X" in the appropriate block(s) whichever is applicable • Whenever an asterisk (*) appears, please delete whichever is not applicable. • Please ensure that the Nomination Form (DA 185.D) is signed and is attached to this form. • Please ensure that the DA 185.C form is attached to this form. Form DA 185.C is available from the SARS website (www.sars.gov.za) or can be collected from the nearest SARS – Customs Branch Office.

1. 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 6 of the application form (DA 185).

Trade name of business:	
Customs client number(if already registered):	
Physical address: Street name and number:	
Building name and floor number:	
Suburb:	
City/Town:	
Street code:	

2. Accepted relationship:

Importer's registered agent:		Effective date:	C	C	Y	Y	M	M	D	D
Exporter's registered agent:		Effective date:	C	C	Y	Y	M	M	D	D
Licensed remover's registered agent:		Effective date:	C	C	Y	Y	M	M	D	D

3. 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,

hereby apply for registration as a registered agent.

4. 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) (Status / Capacity, e.g. Director)

……... ……

(Signature) (Date & Place)