

# APPLICATION FORM: REGISTRATION / LICENSING OF CUSTOMS AND EXCISE CLIENTS

For official use

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**1. NOTES FOR THE COMPLETION OF FORM**

1. Please indicate with an "X" in the appropriate block(s) whichever is applicable.
2. If the space provided on form DA185 and applicable annexure(s) is insufficient, the information must be furnished on a separate page, which must be attached to the form DA185 and the annexures.
3. Where the asterisk (\*) appears, delete whichever is not applicable.
4. Please reflect the relevant customs and excise client number, customs and excise warehouse number or rebate user number when applying for the amendment of existing information or for a total cancellation per client type.
5. Please take note that a separate application form must be completed for each client type.
6. Please complete annexure DA185.C where security must be furnished.
7. Please take note that annexure DA 185.D must be completed and furnished where the answer is "No" to any of the statements in the paragraph 3 titled "Nationality".

**2. EXISTING REGISTRANT/LICENSEE PARTICULARS**

If currently registered/licensed with SARS, please state allocated customs client number.

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**3. NATIONALITY**

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"/>

**4. PURPOSE OF APPLICATION**

New Registration/Licensee or renewal:	<input type="checkbox"/>	Amendment of existing information:	<input type="checkbox"/>	Cancellation:	<input type="checkbox"/>
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**5. CLIENT TYPES**

4.A REGISTRATION (section 59A and the rules thereto)		4.B LICENSING (section 60 and 61 and the rules thereto)	
4A1	Importer - Annexure DA 185.4A1	<input type="checkbox"/>	4B1 Special Manufacturing Warehouse – Annexure DA 185.4B1 (Section 21 and the rules thereto)
4A2	Exporter: (Annexure DA 185.4A2)		4B2 Manufacturing Warehouse – Annexure DA 185.4B2 (Sections 19A, 27 and 54E and Chapter VA and the rules thereto)
	<ul style="list-style-type: none"> <li>• Exporter for SADC, TDCA and SACU/EFTA – Annexure DA 185.4A2 (rule 59A.01, rule 49A, B and C)</li> </ul>	<input type="checkbox"/>	4B3 Storage Warehouse – Annexure DA 185.4B3
	<ul style="list-style-type: none"> <li>• Exporter for AGOA – Section A of Annexure DA 185.4A2 &amp; Form DA 46A1.02 (rules 46A1.02)</li> </ul>	<input type="checkbox"/>	4B4 Special Storage Warehouse – Annexure DA 185.4B4 (Sections 19A and 21 and the rules thereto)
	<ul style="list-style-type: none"> <li>• Approved Exporter for TDCA, SACU/EFTA – Section B of Annexure DA 185.4A2 &amp; Form DA 49A.02 (rules 49A.18 (19),(20) and 49C.18(19)(20))</li> </ul>	<input type="checkbox"/>	4B5 Clearing Agent – Annexure DA 185.4B5 (Section 64B and the rules thereto)
	<ul style="list-style-type: none"> <li>• Exporter for GSP (various countries) – Section C of Annexure DA 185.4A2 &amp; Form DA 46A.01 (rules 46A2.18)</li> </ul>	<input type="checkbox"/>	4B6 Remover of goods in Bond – Annexure DA 185.4B6 (Section 64D and the rule thereto)
4A3	Rebate User (Schedule Nos. 3, 4 and 6) – Annexure DA 185.4A3 (Section 75 and the rules thereto)	<input type="checkbox"/>	4B7 Distributor of Fuel – Annexure DA 185.4B7 (Section 64F and the rules thereto)
4A4	Manufacturer – Annexure DA 185.4A4 & DA46A1.03 (Section 46)	<input type="checkbox"/>	4B8 Special Ad Valorem Manufacturing Warehouse – Annexure DA 185.4B8 (Section 36A and the rules thereto)
4A5	Special Manufacturing Warehouse: MIDP – Annexure DA 185.4A5	<input type="checkbox"/>	4B9 Storage Warehouse (Customs Controlled Area Enterprise) – Annexure DA 185.4B9 (Sections 19A, 21, 21A and Rule 21A.10)
4A6	Electronic Communication with SARS – Annexure DA 185.4A6 (Section 101A and the rules thereto)	<input type="checkbox"/>	4B10 Manufacturing Warehouse (Customs Controlled Area Enterprise) – Annexure DA 185.4B10 (Sections 19A, 21A, 27 and Rule 21A.10)
4A7	Producer – Annexure DA 185.4A7 & Form DA 46A.02 (rules 46A2.18)	<input type="checkbox"/>	
4A8	Commercial manufacturer of biodiesel – Annexure DA 185.4A8 (Section 37B and rule 37B.02(b))	<input type="checkbox"/>	
4A9	Non-commercial manufacturer of biodiesel – Annexure DA 185.4A9 (Section 37B and rule 37B.02(a))	<input type="checkbox"/>	
4A10	Manufacturer in terms of drawback items 501.00 to 521.00 (Note 2(a) to Part 1 of Schedule No. 5) – Annexure DA 185.4A10	<input type="checkbox"/>	
4A11	Industrial Development Zone Operator and/or designation of a Customs Controlled Area (CCA) – Annexure DA 185.4A11 (Sections 21A and Rule 21A.04)	<input type="checkbox"/>	
4A12	Electricity Producer – Annexure DA 185.4A12 (Chapter VA and the rules thereto)	<input type="checkbox"/>	
4A13	Registered Agent - Annexure DA 185.4A13	<input type="checkbox"/>	

6. BUSINESS / PERSON PARTICULARS										
Registered name of business or name of applicant:										
Business address: Street name and number:										
Building name and floor number:										
Suburb:										
City/Town:					Street code:					
Postal address:										
Suburb:										
City/Town:					Postal code:					
Business Telephone (Including code):		Code: (____)		Tel. (____)		Fax number (Including code):		Code: (____)		Fax. (____)
Business e-mail address:										

7. SOUTH AFRICAN BANK ACCOUNT DETAILS										
Mark if you do not have a local savings or cheque account <input type="checkbox"/>					Account No:					
Branch Name:					Branch No:					
Bank Name:					Cheque: <input type="checkbox"/>		Savings: <input type="checkbox"/>		Transmission: <input type="checkbox"/>	
Account Holder Name:										

8. SARS REVENUE IDENTIFICATION NUMBERS (if applicable)									
i. VAT Registration Number:		4				ii. Income Tax Reference Number:			
iii. PAYE Reference Number:		7				iv. SDL Reference Number:		L	
v. UIF Reference Number:		U							

9. NATURE OF BUSINESS									
Company		Close Corporation		Trust		Sole Proprietor / Individual		Partnership	
Co-op		Public Authority		Foreign Individual		Foreign / External Company		Sole Proprietor	
Company / Close Corporation / Trust* Registration Number:									

10. PARTICULARS OF SOLE PROPRIETOR / INDIVIDUAL AND / OR PARTNERS									
i. Initials:				First Name/s:					
Surname:									
Capacity:									
ID / Passport No:							Passport Country (e.g. South Africa = ZAF)		
ii. Initials:				First Name/s:					
Surname:									
Capacity:									
ID / Passport No:							Passport Country (e.g. South Africa = ZAF)		
iii. Initials:				First Name/s:					
Surname:									
Capacity:									
ID / Passport No:							Passport Country (e.g. South Africa = ZAF)		

11. PUBLIC OFFICER / REPRESENTATIVE										
Surname:										
First Name:										
Telephone (including code):		Code: (____)		Tel. (____)		Fax number (Including code):		Code: (____)		Fax. (____)
E-mail address:					Cellular Phone Number:		(____)			
Public Officer: <input type="checkbox"/>		Curator/Trustee: <input type="checkbox"/>		Partner: <input type="checkbox"/>		Accounting officer / Treasurer / Financial Officer: <input type="checkbox"/>		Other, please specify:		

12. INFORMATION REGARDING CONTRAVENTIONS AND OTHER MATTERS									
Please indicate whether during the preceding five years, any person contemplated in the rules for section 59A or 60:-									
(a) Has contravened or failed to comply with the provisions of the Act.							Yes:		No:

(b) Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner.	Yes:		No:	
(c) Has been convicted of any offence under the Act.	Yes:		No:	
(d) Has been convicted of any offence involving dishonesty.	Yes:		No:	
(e) Has made any false or misleading statement in any material respect or omitted to state any material fact which was required to be stated in any application for registration or for any other purpose under the Act.	Yes:		No:	
(f) Has ever been insolvent or in liquidation.	Yes:		No:	
<b>Note:</b> • If the answer is "yes" to any of the above questions, full details must be furnished on a separate page and attached to the application. • Any applicant may, where it is contended in respect of paragraphs (a) and (b) that the contravention or failure was inadvertent, without fraudulent intent or gross negligence, a submission to this effect should be furnished on a separate page and attached to the application.				

### 13. DOCUMENTS IN SUPPORT OF APPLICATION

The following information / documents not older than 3 months must be submitted with this application form.

#### Natural person or juristic person located in the RSA

- One of the following documents to prove bank details i.e. : the account holder's name, bank account number and bank branch code:
  - An original bank statement or a legible certified copy of an original bank statement;
  - An original letter from the bank; or
  - An original auto bank statement.
- Certified copies of the following documents (whichever is relevant):
  - Registration certificate of business (as issued by the Registrar of Companies or Master of the Supreme Court in the case of a Trust);
  - Municipal account to confirm the address details;
  - Agency Contract between agent and foreign principal;
  - Duly completed DA 185.C;
  - Duly completed DA 185.D;
  - VAT, IT, PAYE, SDL, UIF letters from SARS to confirm revenue registration details;
  - A fixed telephone line operator's and/or cell phone account to confirm contact details; and
  - Identity/passport documents of –
    - Individual
    - Partnership, Close Corporation and Trust (All Members / Partners / Trustees)
    - Company (All Directors, including Managing Director and Financial Director)
- Any other information as the Commissioner for SARS may require.

#### Natural person or juristic person not located in the RSA

- Certified copies of the following documents (whichever is relevant):
  - Agency Contract between applicant and agent (with an established place of business in the RSA) other than clearing agent;
  - VAT letters from SARS to confirm revenue registration details (if applicable);
  - Proof of company registration from the relevant competent authority in the foreign country; and
  - Identity document or passport
- Any other information as the Commissioner for SARS may require.

### 14. 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)

### 15. FOR OFFICIAL USE ONLY

I, \_\_\_\_\_ Team Member, at \_\_\_\_\_ Office hereby certify /  
*Full name and surname* *Branch Office name*

confirm that the applicant / representative\*:

- Visited this office in person;
- Is in fact the person reflected on his/her identification document/passport\*; and
- Is the person as is reflected on the letter of authority (where applicable).

\_\_\_\_\_ *Team Member: SID*

\_\_\_\_\_ *Team Member: Signature*

\_\_\_\_\_ *Date*

I, \_\_\_\_\_ Team Leader, at \_\_\_\_\_ Office hereby certify /  
*Full name and surname* *Office name*

confirm that the applicant / representative\*:

- Visited this office in person;
- Is in fact the person reflected on his/her identification document/passport\*; and
- Is the person as is reflected on the letter of authority (where applicable).

\_\_\_\_\_ *Team Leader: SID*

\_\_\_\_\_ *Team Leader: Signature*

\_\_\_\_\_ *Date*