



LICENSING CLIENT TYPE 4B7 – DISTRIBUTOR OF FUEL

Trading Particulars:

Please supply all trade names and physical addresses if the business is conducted from a different address or under a different name to that stated in Block 5 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:			

Please state the Customs and Excise Office where you will be licensed (where your Head Office is situated).

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 as a Distributor of Fuel.

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)

FOR OFFICIAL USE																
Licence Number:																
Licence Date:																
District Office:																