

APPLICATION FOR REGISTRATION TO SUBMIT REPORTS - DA 8

Section 8 of the Customs and Excise Act, 1964 (Act No. 91 of 1964) and its rules

SEA CARGO

a)	Application for registration as a person submitting reporting documents must be done in terms of rule 8.04 read with rule 8.05 under section
	8 of the Act.

- p) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations):
 - DA 8.01 must be completed by Carriers / Registered Agents and Clearing Agents.
 - DA 8.02 must be completed by Port Authorities.
 - DA 8.03 must be completed by Container Terminal Operators and Wharf Operators.
 - DA 8.04 must be completed by Container Depot Licensees.
- c) If the space provided on this form or the applicable annexures is insufficient, the required information must be furnished on a separate continuation page which must be attached to this form or the annexure.
- This application (inclusive of all annexures and attachments) must be completed and physically submitted to: Customs Trader Management -SARS Head Office, Block D, Ground floor, Lehae La SARS, 299 Bronkhorst Street, Nieuw Muckleneuk, Pretoria.

SARS CUSTOMS	CODE												
If currently registered / licensed with SARS, please state applicable customs code													
Purpose of application													
New registration	nent	Cancellation			on		ТГ	7					
REPORTER TYPE	- Please indic	ate with a	n X where applicable)									
Carrier / Registered Agent					* Clearing Agent								
Port Authority					Container Terminal Operator								
Wharf Operator					Container Depot Licensee								
* The definition of "Cle transport of goods imp Forwarders and Groupa APPLICANT PART	orted into or to age Agents.	o be exp	orted from the Repui	blic. Thi	s includes Non	-Vesse	el Operating	ons for re Common	Carrie	ne red rs (N\	eipt, /OCC	aeliv 's), F	rery o
Nature of Business (p	Company			ф	Close Corporation								
(1)		,					Other Juristic Person						
			Sole Proprietor		Specify:		Stic Person						
Registered Name of Business													
Registration Number													
Physical Address													
	Building Nar	ne			Floor No.								
	Suburb												
	City/Town				Postal Code								
Postal Address													
	Suburb												
	City/Town				Fax		No. ()						
Contact Details	Telephone N	No.	()				No.	()					
	E-mail Addre	ess											
CONTACT PERSO	N AT MANA	GEMEN	T LEVEL										
Name				Surname									
Designation					E-mail Address	()							
Telephone No. ()				Fax No.		()							

AUTHO	DRITY TO ACT ON I	BEHALF OF JURISTIC PERSON						
I/We (r	name of person(s) auth	orised to act on behalf of juristic entity) -					
(1)		ID No		Capacity				
(2)		ID No		Capacity				
, ,	uly authorized thereto b							
(a)	·	d at a meeting of the Board of Director						
		on the		ccyy	; or			
(b)	(b) * express consent in writing of all the members of the close corporation; or							
(c)	(c) * express consent in writing of a person responsible for the management of any other type of juristic person(please state name)							
hereby a	apply on behalf of the a	applicant for registration to submit repo	orts					
		D ORIGINAL DOCUMENTS OF APPLICABLE IN THE CIRCUM		THEREOF MUST ACCOMPANY	' THE			
 (a) Registration certificate of business – As issued by the Registrar of Companies in respect of the applicant (b) Resolution / letter of consent or authority to act on behalf of the relevant juristic person (c) Identity / Passport documents of - Individual Close Corporation – all the members Company – all the Directors, including the Managing Director and Financial Director Other legal person - the person responsible for the management of the juristic person (d) Letter of appointment as Registered Agent of a carrier not located in Republic 								
DECLA	RATION							
Licensee a) b) c)	e / hereby- apply to be registere declare that the parti	d for the purpose of submitting reports iculars in this application, the attached the South African Revenue Service im	s; annexures and all attachment		r Depot			
	Initials and Surname:		I.D. Number:					
Ca	pacity (Director, etc):		Signature:					
	Place:		Date:					