

APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8A

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

AIR 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 of the rules under section 8 of the Act
- b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations):
- DA 8A.01 must be completed by Carriers / Registered Agents and Clearing Agents
 - DA 8A.02 must be completed by Port Authorities
 - DA 8A.03 must be completed by Transit Shed Operators
 - DA 8A.04 must be completed by Degrouping 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
- d) All references to sections and rules pertain to the Customs and Excise Act, 1964
- e) 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, or a customs and excise office as may be indicated on the SARS website for receipt of such applications

SARS CUSTOMS / EXCISE CLIENT NUMBER

If currently registered / licensed in terms of the Act, please state applicable customs and / or excise client number

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Purpose of application

New registration Update of existing information Notification of cancellation

REPORTER TYPE - Please indicate with an X where applicable

Carrier	<input type="checkbox"/>	* Clearing Agent	<input type="checkbox"/>
Registered Agent	<input type="checkbox"/>	Transit Shed Operator	<input type="checkbox"/>
Port Authority	<input type="checkbox"/>	Degrouping Operator	<input type="checkbox"/>

* The definition of "Clearing Agent" in the rules includes all persons who arrange on behalf of other persons for reward the receipt, delivery or transport of goods imported into or to be exported from the Republic. This includes Freight Forwarders, Groupage Agents and Couriers that are not carriers

LOCATION OF APPLICANT

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"/>

APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable

Nature of business (please indicate with X)	Company	<input type="checkbox"/>	Close corporation	<input type="checkbox"/>	
	Sole proprietor / Natural person	<input type="checkbox"/>	Other juristic person	<input type="checkbox"/>	
Cooperative	<input type="checkbox"/>	Organ of State	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Registered name of business (juristic person) or name of natural person					
Registration number					
Physical address					
Building address: Complex		Unit/Floor number			
Building name					
Street name and number		Street code			
Suburb/District					
City/Town					
Postal address					

DECLARATION BY APPLICANT OR AUTHORISED OFFICER ON BEHALF OF APPLICANT THAT IS A JURISTIC PERSON

I for the *Carrier / *Registered Agent / *Clearing Agent / *Port Authority / *Transit Shed Operator / *Degrouping Depot Licensee / hereby-

- a) apply to be registered for the purpose of submitting reporting documents;
- b) declare that the particulars in this application and all annexures are true and correct; and
- c) undertake to-
 - (i) inform the South African Revenue Service promptly in accordance with the rules of any changes in the particulars furnished in the application; and
 - (ii) comply with customs and excise laws and procedures

* *Delete whichever is not applicable*

Initials and surname:		I.D. number:	
Capacity / Designation (Director, etc.):		Signature:	
Place:		Date:	

CARRIER / REGISTERED AGENT OR CLEARING AGENT– DA 8A.01

REPORTER TYPE <i>(Indicate in the applicable box by means of an X)</i>			
Carrier	<input type="checkbox"/>	Clearing Agent	<input type="checkbox"/>
Registered Agent	<input type="checkbox"/>		

CARRIER DETAILS											
Carrier name											
Carrier code assigned by international body (IATA 3-digit Airline Code or SARS assigned code for non-IATA airlines)											
If currently licensed with SARS, please state applicable customs and excise client number											

REGISTERED AGENT DETAILS											
Agent name											
If currently registered with SARS, please state applicable customs and excise client number											
Name(s) of carriers not located in the Republic represented by Registered Agent										Carrier codes	
1.											
2.											
3.											
4.											
5.											
6.											

CLEARING AGENT DETAILS											
Clearing Agent Name											
Please state applicable customs and excise client number											

APPLICANT'S BRANCH OFFICE ADDRESSES											
1. Details of all Branch offices must be reflected											
2. Details of Head offices that submit reports must also be reflected here											
BRANCH OFFICE PARTICULARS											
Branch office name											
Physical address											
Building Address: Complex				Unit/Floor number							
Suburb/District											
City/Town						Street code					
Postal address											
Suburb/District											
City/Town						Postal code					
Contact details											
Business telephone number ()				Fax number ()							
Business e-mail address											
Contact person at management level											
Name						Surname					
Designation/ Capacity						E-mail address					

	ID type		Citizenship	
	Telephone number	()	Fax number	()

APPLICANT'S BRANCH OFFICE ADDRESSES

1. Details of all Branch offices must be reflected
2. Details of Head offices that submit reports must also be reflected here

BRANCH OFFICE PARTICULARS

Branch office name				
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb / District			
	City/Town		Street code	
Postal address				
	Suburb/District		Postal code	
City/Town				
	Business telephone number ()		Fax number ()	
Business e-mail address				
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number ()		Fax number ()	

APPLICANT'S BRANCH OFFICE ADDRESSES

1. Details of all Branch offices must be reflected
2. Details of Head offices that submit reports must also be reflected here

BRANCH OFFICE PARTICULARS

Branch office name				
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
	Suburb/District		Postal code	
City/Town				
	Business telephone number ()		Fax number ()	
Business e-mail address				
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number ()		Fax number ()	

* Please add continuation pages as required

PORT AUTHORITY - DA 8A.02

APPLICANT DETAILS	
Port authority name	

AIRPORT PARTICULARS				
Airport name		IATA 3-letter airport code		
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	()	Fax number	()

AIRPORT PARTICULARS				
Airport name		IATA 3-letter airport code		
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	()	Fax number	()

AIRPORT PARTICULARS				
Airport name			IATA 3-letter airport code	
Physical Address				
	Building address: Complex		Unit/Floor number	
	Suburb / District			
	City/Town		Street code	
Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	()	Fax number	()

AIRPORT PARTICULARS				
Airport name			IATA 3-letter airport code	
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb / District			
	City/Town		Street code	
Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	()	Fax number	()

* Please add continuation pages as required

TRANSIT SHED OPERATOR – DA 8A.03

APPLICANT DETAILS	
Company name	

TRANSIT SHED LOCATION					
Place		Transit shed name			
SARS facility code		Port terminal code			
Transit shed address					
	Building address: Complex		Unit/Floor number		
	Suburb/District				
	City/Town		Street code		
Postal address					
	Suburb/District				
	City/Town		Postal code		
Contact details	Business telephone number	()	Fax number	()	
	Business e-mail address				
Contact person at management level	Name		Surname		
	Designation/ Capacity		E-mail address		
	ID type		Citizenship		
	Telephone number	()	Fax number	()	

TRANSIT SHED LOCATION					
Place		Transit shed name			
SARS facility code		Port terminal code			
Transit shed address					
	Building address: Complex		Unit/Floor number		
	Suburb/District				
	City/Town		Street code		
Postal address					
	Suburb/District				
	City/Town		Postal code		
Contact details	Business telephone number	()	Fax number	()	
	Business e-mail address				
Contact person at management level	Name		Surname		
	Designation/ Capacity		E-mail address		
	ID type		Citizenship		
	Telephone number	()	Fax number	()	

TRANSIT SHED LOCATION					
Place				Transit shed name	
SARS facility code				Port terminal code	
Transit shed address					
		Building address: Complex		Unit/Floor number	
		Suburb/District			
		City/Town		Street code	
Postal address					
		Suburb/District			
		City/Town		Postal code	
Contact details		Business telephone number ()		Fax number ()	
		Business e-mail Address			
Contact person at management level		Name		Surname	
		Designation/ Capacity		E-mail address	
		ID type		Citizenship	
		Telephone number ()		Fax number ()	

TRANSIT SHED LOCATION					
Place				Transit shed name	
SARS facility code				Port terminal code	
Transit shed address					
		Building address: Complex		Unit/Floor number	
		Suburb/District			
		City/Town		Street code	
Postal address					
		Suburb/District			
		City/Town		Postal code	
Contact details		Business telephone number ()		Fax number ()	
		Business e-mail address			
Contact person at management level		Name		Surname	
		Designation/ Capacity		E-mail address	
		ID type		Citizenship	
		Telephone number ()		Fax number ()	

* Please add continuation pages as required

LICENSED DEGROUPING DEPOT – DA 8A.04

APPLICANT DETAILS	
Company name	

DEGROUPING DEPOT LOCATION					
Place		Degrouping depot name		SARS facility code	
Degrouping depot address	Building address: Complex				
	Suburb/District				
	City/Town		Street code		
Postal address					
	Suburb/District				
	City/Town		Postal code		
Contact details	Business telephone number	()	Fax number	()	
	Business e-mail address				
Contact person at management level	Name			Surname	
	Designation/ Capacity			E-mail address	
	Telephone number	()	Fax number	()	

DEGROUPING DEPOT LOCATION						
Place		Degrouping depot name		SARS facility code		
Degrouping depot address	Building address: Complex				Unit/Floor number	
	Suburb/District					
	City/Town		Street code			
Postal address						
	Suburb/District					
	City/Town		Postal code			
Contact details	Business telephone number	()	Fax number	()		
	Business e-mail address					
Contact person at management level	Name			Surname		
	Designation/ Capacity			E-mail address		
	ID type			Citizenship		

	Telephone number	()	Fax number	()
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DEGROUPING DEPOT LOCATION				
Place		Degrouping depot name		SARS facility code
Degrouping depot address	Building address: Complex			Unit/Floor Number
	Suburb/District			
	City/Town		Street code	
	Postal address			
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Capacity	
	Telephone number	()	Fax number	()

DEGROUPING DEPOT LOCATION				
Place		Degrouping depot name		SARS facility code
Degrouping depot address	Building address: Complex			Unit/Floor Number
	Suburb/District			
	City/Town		Street code	
	Postal address			
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person at management level	Name		Surname	
	Designation/ Capacity		E-mail address	
	ID type		Capacity	
	Telephone number	()	Fax number	()

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