

APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8B

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

RAIL 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 Customs and excise Act, 1964
- b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations)
- DA 8B.01 must be completed by Carriers / Registered Agents
 - DA 8B.02 must be completed by Railway Authorities
- 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) 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

PURPOSE OF APPLICATION

New registration

Update of existing information

Notification of cancellation

REPORTER TYPE - Please indicate with an X where applicable

Carrier

Railway Authority

Registered Agent

LOCATION OF APPLICANT

Natural person who is:

Juristic person that is

Located in the RSA

Yes

No

Located in the RSA

Yes

No

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

Nature of business (please indicate with X)

Company

Close corporation

Sole proprietor / Natural person

Other juristic person

Cooperative

Organ of state

Trust

Registered name of business (juristic person) or name of natural person

Registration number

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

()

Home telephone number

Web Address

	Business address	e-mail	
CONTACT PERSON AT MANAGEMENT LEVEL			
Name		Surname	
Designation/ Capacity		E-mail address	()
ID type		Citizenship	
Telephone number	()	Fax number	()

SOUTH AFRICAN BANK ACCOUNT DETAILS											
Bank account number:											
Mark if you do not have a South African bank account and are using a South African bank account of a third party											
Branch name:								Branch number:			
Bank name:						Cheque:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	Transmission:	<input type="checkbox"/>
Account holder name:											

AUTHORISED OFFICER	
I / We (name of person(s) authorised to act on behalf of juristic person) -	
(1) _____	ID No. _____ Capacity/ Designation _____
(2) _____	ID No. _____ Capacity/ Designation _____
being duly authorized thereto by virtue of –	
(a) * a resolution passed at a meeting of the Board of Directors held _____ on the _____ day of _____ ccy _____; or	
(b) * express consent in writing of all the members of the close corporation; or	
(c) * express consent in writing of a person responsible for the management of any other type of juristic person _____ (please state name)	
hereby apply for registration to submit reporting documents	

DOCUMENTS IN SUPPORT OF APPLICATION
(a) Registration certificate of business – as issued by the Companies and Intellectual Property Commission (CIPC) in respect of the applicant
(b) Resolution / consent or authority to act on behalf of the relevant juristic person
(c) Identity / Passport documents of <ul style="list-style-type: none"> • Individual • Close Corporation – all the members • Company – all the Directors, including the Managing Director and Financial Director • Other juristic person - the person responsible for the management of the juristic person
(d) DA 185D in respect of Registered Agent of a carrier not located in the Republic

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

I for the *Carrier / *Registered Agent / *Railway Authority / 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:	

RAIL CARRIER / REGISTERED AGENT – DA 8B.01

CARRIER DETAILS									
Carrier name									
Carrier code assigned by international body (i.e. Bureau International des Containers (BIC) or Standard Carrier Alpha Code (SCAC) Code, as applicable)									
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.									

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/ number	Floor			
	Suburb/ District									
	City/Town					Street code				
Postal address										
	Suburb / District									
	City/Town					Postal code				
Contact details	Business telephone number	()					Fax number	()		
	Business -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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BRANCH OFFICE PARTICULARS				
Branch office name				
Physical address				
	Building address; Complex		Unit/ number	Floor
	Suburb/ District			
	City/Town		Street code	
Postal address				
	Suburb/ District			
	City/Town		Postal code	
Contact details	Business telephone No.	()	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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1. Details of all Branch offices must be reflected				
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BRANCH OFFICE PARTICULARS				
Branch office name				
Physical address				
	Building Address / Complex		Unit / number	Floor
	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

RAILWAY AUTHORITY – DA 8B.02

APPLICANT DETAILS	
Railway authority name	

RAIL STATION PARTICULARS					
Railway station / Siding name		Rail station / Siding code		SARS facility code	
Physical address					
	Building address / Complex		Unit / Floor number		
	Suburb / District				
Postal address	City/Town		Street code		
	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	()	

RAIL STATION PARTICULARS					
Railway station / Siding name		Rail station / Siding code		SARS facility code	
Physical address					
	Building address / Complex		Unit / Floor number		
	Suburb / District				
Postal address	City/Town		Street code		
	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

RAIL TERMINAL PARTICULARS					
Railway terminal name		Rail terminal code		SARS facility 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	()	

RAIL TERMINAL PARTICULARS					
Railway terminal name		Rail terminal code		SARS facility code	
Physical address					
	Building address / Complex		Unit / Floor number		
	Suburb / District				
	City/Town		Street code		
Postal address					
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