

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 Name		Floor No.	
	Suburb			
	City/Town		Postal Code	
Postal Address	Suburb			
	City/Town		Postal Code	
Contact details	Telephone No.	()	Fax No.	()
	E-mail Address			
Contact Person at Management level	Name		Surname	
	Designation		E-mail Address	
	Telephone No.	()	Fax No.	()

TRANSIT SHED LOCATION				
Place		Transit Shed Name		
SARS Facility Code		Port Terminal Code		
Transit Shed Address	Building Name		Floor No.	
	Suburb			
	City/Town		Postal Code	
Postal Address	Suburb			
	City/Town		Postal Code	
Contact details	Telephone No.	()	Fax No.	()
	E-mail Address			
Contact Person at Management level	Name		Surname	
	Designation		E-mail Address	
	Telephone No.	()	Fax No.	()

TRANSIT SHED LOCATION					
Place		Transit Shed Name			
SARS Facility Code		Port Terminal Code			
Transit Shed Address					
	Building Name		Floor No.		
	Suburb				
	City/Town		Postal Code		
Postal Address					
	Suburb				
	City/Town		Postal Code		
Contact details	Telephone No.	()	Fax No.	()	
	E-mail Address				
Contact Person at Management level	Name		Surname		
	Designation		E-mail Address		
	Telephone No.	()	Fax No.	()	

TRANSIT SHED LOCATION					
Place		Transit Shed Name			
SARS Facility Code		Port Terminal Code			
Transit Shed Address					
	Building Name		Floor No.		
	Suburb				
	City/Town		Postal Code		
Postal Address					
	Suburb				
	City/Town		Postal Code		
Contact details	Telephone No.	()	Fax No.	()	
	E-mail Address				
Contact Person at Management level	Name		Surname		
	Designation		E-mail Address		
	Telephone No.	()	Fax No.	()	

* Please add continuation pages as required