

LICENSED DEGROUPING DEPOT – DA 8A.04

APPLICANT DETAILS	
Company Name	

DEGROUPING DEPOT LOCATION					
Place		Degrouping Depot Name		SARS Facility Code	
Degrouping Depot Address					
	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.	()	

DEGROUPING DEPOT LOCATION					
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Degrouping Depot Address					
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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.	()	

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DEGROUPING DEPOT LOCATION						
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	E-mail Address					
Contact Person at Management level	Name				Surname	
	Designation				E-mail Address	
	Telephone No.	()		Fax No.	()	

* Please add continuation pages as required