

## APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8C

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

## **ROAD 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 8C.01 must be completed by Carriers / Registered Agents
- 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 /	EXISE CLIENT	NUM	IBER							
If currently registered client number	/ licensed in terr	ns of t	the Act, please state	e applica	able custo	ms and / o	or excise			
PURPOSE OF APP	PLICATION									
New registration	U	odate c	of existing information	n		Notifica	lotification of cancellation			
REPORTER TYPE	- Please indicate	with ar	n X where applicable	<del>)</del>						
Carrier										
Registered Agent										
LOCATION OF AP	PLICANT									
Natural person who is:						Juristic p	istic person that is			
Located in the RSA				Yes Locate		Located	ted in the RSA		Yes No	
										-
APPLICANT PART	ICULARS (HEA	AD OF	FICE) - Please indi	icate wit	h an X wh	ere applica	ble			
Nature of business (pl	ease indicate with	1 X)	Company				Close corp	oration		
			Sole proprietor/Natural person			Other juristic person				
Cooperative			Organ of state			Trust				
Registered name person) or name of na	Registered name of business (juristic person) or name of natural person								'	
Registration number	·									
Physical address	Business add Complex	dress:								
	Building name									
	Street name and number				Unit/Floor number					
	Suburb/ District									
City/Town			-		Street code					
Postal address										
	Suburb / District									
	City/Town				Postal code					
Contact details	Business telephone numl	per	( )			Fa	x number	( )		

	Home telephone number	( )				
	Business e-mail address					
Web address						
CONTACT PERSO	N AT MANAGEME	NT LEVEL				
Name			Surname			
ID type						
Citizenship						
Designation / Capacity			E-mail address	( )		
Telephone number	( )		Fax number	( )		
SOUTH AFRICAN B	ANK ACCOUNT DETA	ILS				
	Bank acco	ount number:				
Mark if you do not	have a South African b	oank account				
	outh African bank acco	ount of a third				
		party		Branch		
Branch name:				number:		
Bank name:			Che	eque:  Savings: Transmission:		
Account holder name:						
1						
<b>AUTHORISED OF</b>	FICER					
I / We (name of perso	on(s) authorised to act o	on behalf of juristic per	rson) -			
(1)		ID No		Capacity / Designa	ation	
(2)		ID No.		Capacity / Designa	ation	
(-)		15 No		Supusity , Boolging	20011	
being duly authorized	thereto by virtue of -					
(a) * a resolution	on passed at a meeting	of the Board of Direct	tors			
held	on the		day of	ccyy;	or	
(b) * express c	onsent in writing of all t	the members of the clo	ose corporation; or			
(c) * express c	onsent in writing of a p	erson responsible for t		other type of juristic person		
			,			
hereby apply for registration to submit reporting documents						
DOCUMENTS IN	SUPPORT OF APPL	LICATION				
(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 juristic person						
(c) Identity / Passport documents of						
<ul> <li>Individual</li> <li>Close Corporation – all the members</li> </ul>						
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 185.C in respect of Registered Agent of 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 / hereby-

- a) apply to be registered for the purpose of submitting reporting documents;
- b) declare that the particulars in this application, annexures and attachments 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

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





## **CARRIER / REGISTERED AGENT- DA 8C.01**

REPORTER TYPE - F	Please indicate with an	1 X where applicable					
Carrier							
Registered Agent							
CARRIER DETAILS							
CARRIER DETAILS							
Carrier name							
Carrier code							
(SARS-assigned)							
If currently licensed with S							
please state applicable cus	stoms and excise clien	nt number					
REGISTERED AGENT	DETAILS						
Agent name	DETAILO						
If currently registered with please state applicable cus		nt number					
Name(s) of carriers not lo			d Agent	4		Carrier	codes
1.	-						
2.							
3.							
4.							
5.							
6.							
APPLICANT'S BRANC	H OFFICE ADDRE	SSES					
	offices must be reflecte						
		must also be reflected her	<u>e</u>				
BRANCH OFFICE PAR	TICULARS						
Branch office name	<b>.</b>						
Physical address	Business address: Complex						
	Building name						
	Street name and number			Unit / Floor number			
	Suburb/ District						
	City/Town			Street code			
Postal address	Building name						
	Suburb/ District						
	City/Town Postal code						
Contact details	Business telephone number	( )		Fax (	)		
	E-mail address						
	Web address						
Contact person	Name			Surname			
at management level	ID type			Citizenship			
	Designation / Capacity			E-mail address			

Telephone number	( )	Fax number	( )
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APPLICANT'S BRANC	H OFFICE ADDRESS	SES			
	offices must be reflected es that submit reports mus	st also be reflected here			
BRANCH OFFICE PAR	RTICULARS			_	
Branch office name					
Physical address	Business addres Complex	is:			
	Building name				
	Street name ar number	nd	Unit/ Floor number		
	Suburb/ District				
	City/Town		Street code		
Postal address					
	Suburb/ District				
	City/Town		Postal code		
Contact details	Telephone number	( )	Fax number ( )		
	E-mail address				
Home telephone number			Web address		
Contact person	Name		Surname		
at management level	ID type		Citizenship		
	Designation / Capacity		E-mail address		
	Telephone number	( )	Fax ( )		
APPLICANT'S BRANC	H OFFICE ADDRESS	SES			
	offices must be reflected				
	es that submit reports mus	st also be reflected here			
BRANCH OFFICE PAR	RIICULARS				
Branch office name					
Physical address	Business address: Complex				
	Building name:				
	Street name and number		Unit / Floor number		
	Suburb/ District				
	City/Town		Street code		
Postal address					

Postal code

)

Fax

Fax

number

number

Surname

Citizenship

E-mail address

Contact details

Contact person

at management level

Suburb/ District City/Town

Telephone number

E-mail address

Name

ID type

Designation/ Capacity

Telephone number

)

)

<sup>\*</sup> Please add continuation pages as required