

**SOUTH AFRICAN REVENUE SERVICE**

**Government Gazette No.24975**

**No. R.313**

**2003-02-26**

**CUSTOMS AND EXCISE ACT, 1964**  
**AMENDMENT OF RULES (NO. DAR/64)**

Under sections 21, 59A, 60 and 120 of the Customs and Excise Act, 1964, the rules published in Government Notice R1874 of 8 December 1995 are amended to the extent set out in the Schedule hereto with effect from 26 February 2003.

**P J GORDHAN**

**COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE**

**SCHEDULE**

By the substitution of the following forms under item 202.00 of the Schedule to the rules:

"DA 185 Application form: Licensing / Registration of Customs and Excise Clients and the following annexures:

- |           |  |
|-----------|--|
| DA 185.07 | Licensing of customs and excise manufacturing warehouses.    |
| DA 185.09 | Licensing of customs and excise special storage warehouses." |



## APPLICATION FORM: LICENSING/REGISTRATION OF CUSTOMS AND EXCISE CLIENTS

For official use

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**NOTES FOR THE COMPLETION OF FORM**

1. Please indicate with an "X" in the applicable box.
2. If the space provided on form DA185 and applicable annexure(s) is insufficient, the information must be furnished on a separate page, which must be attached to the form DA185 and the annexures.
3. Where the asterisk (\*) appears, delete which ever is not applicable.
4. Please reflect the relevant customs and excise client number, customs and excise warehouse number or rebate user number when applying for the amendment of existing information or for a total cancellation per client type.
5. Please take note that a separate application form must be completed for each client type.
6. Please complete annexure DA185.A where security must be furnished.

**A.1. EXISTING REGISTRANT/LICENSEE PARTICULARS**

If currently registered/licensed with SARS, please state allocated customs code or client number.

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**A.2. PURPOSE OF APPLICATION**

New Registration/Licensee or renewal:	<input type="checkbox"/>	Amendment of existing information:	<input type="checkbox"/>	Cancellation:	<input type="checkbox"/>
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**A.3. CLIENT TYPES**

REGISTRATION		LICENSING	
1. Importer (Annexure 01) (Sec 59A)	<input type="checkbox"/>	6. Special Manufacturing Warehouse (Annexure 06) (Sec 21, 60 and 61)	<input type="checkbox"/>
2. Exporter (Annexure 02) (including exporter under AGOA) (Sec 59A and Rule 46A1.02)	<input type="checkbox"/>	7. Manufacturing Warehouse (Annexure 07) (Sec19A, 27, 60 and 61)	<input type="checkbox"/>
3. Rebate (Annexure 03) (Sch 3,4and 6) (Sec 59A and 75)	<input type="checkbox"/>	8. Storage Warehouse (Annexure 08) (Sec 60 and 61)	<input type="checkbox"/>
4. Manufacturer for AGOA (Annexure 04) (Sec 59A and Rule 46A1.03)	<input type="checkbox"/>	9. Special Storage Warehouse (Annexure 09) (Sec 19A, 21, 60 and 61)	<input type="checkbox"/>
5. Special Manufacturing Warehouse: MIDP (Annexure 05) (Sec 59A)	<input type="checkbox"/>	10. Clearing Agent (Annexure 10) (Sec 64B)	<input type="checkbox"/>
		11. Remover of goods in bond (Annexure 11) (Sec 64D)	<input type="checkbox"/>

**B. BUSINESS / PERSON PARTICULARS**

Registered name of business or name of applicant:			
Business address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:		Street code:	
Postal address:			
Suburb:			
City/Town:		Postal code	
Business Telephone and Fax numbers (Including code):		(                    )	(                    )
Business e-mail address:			

**C. NATURE OF BUSINESS**

Company	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other	<input type="checkbox"/>

Company Registration Number:																			
Close Corporation Registration Number:																			
Trust Registration Number:																			
Other (Please specify):																			

**D. REGISTRATION PARTICULARS**

VAT Registration Number:		Income Tax Number:	
PAYE Number:		SDL Number:	
UIF Number:			

Full name, surname and ID/Passport number(s) of \*Sole Proprietor and/\* or all Partners/\* Managing Director/\* Financial Director/\* Directors/\* Members/\* Trustees:

i)	Initials:					Full Name:														
	Surname:																			
	ID. No:																			
	Passport No:																			
ii)	Initials:					Full Name:														
	Surname:																			
	ID. No:																			
	Passport No:																			
iii)	Initials:					Full Name:														
	Surname:																			
	ID. No:																			
	Passport No:																			

**E. CONTACT PERSON (Particulars of person who can be contacted regarding this application)**

Surname:																																							
First Name:																																							
Telephone Dialling Code:																					Telephone Number:																		
Cellular Phone Number:																																							
Capacity:																																							

**F. ACCOUNTANT/ACCOUNTING DETAILS**

Name of Accountant/Accounting firm:																																							
Particulars of the Accountant/Auditor or Accounting Officer:																																							
Initials:					First Name:																																		
Surname:																																							
Telephone Dialling Code:																					Telephone Number:																		
Business address: Street name and number:																																							
Building name and floor number:																																							
Suburb:																																							

City/Town:		Street code	
Postal address:			
Suburb:			
City/Town:		Postal code	

<b>G: INFORMATION REGARDING CONTRAVENTIONS AND OTHER MATTERS</b>
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Please indicate whether during the preceding five years, any person contemplated in the rules for section 59A or 60:-

Has contravened or failed to comply with the provisions of the Act.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Has been convicted of any offence under the Act.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Has been convicted of any offence involving dishonesty.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Has made any false or misleading statement in any material respect or omitted to state any material fact which was required to be stated in any application for registration or for any other purpose under the Act.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Has ever been insolvent or in liquidation.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

If the answer is "yes" to any of the above questions in G full details must be furnished with the application.
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## CLIENT TYPE 7 – LICENSING OF CUSTOMS AND EXCISE MANUFACTURING WAREHOUSE

**Trading Particulars:**

Please supply all trade names and physical addresses of the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business: \_\_\_\_\_

Warehouse address: Street name and number: \_\_\_\_\_

Building name and floor number: \_\_\_\_\_

Suburb: \_\_\_\_\_

City/Town: \_\_\_\_\_

Street code: \_\_\_\_\_

**Authority to apply:**

I/We \_\_\_\_\_ (name of applicant) herein represented by

(1) \_\_\_\_\_ Capacity \_\_\_\_\_

(2) \_\_\_\_\_ Capacity \_\_\_\_\_

being duly authorised thereto by virtue of -

(a) \* a resolution passed at a meeting of the Board of Directors

held at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ cyy \_\_\_\_\_; or

(b) \* express consent in writing of all the members of the close corporation /\* partners of the partnership /\* trustees of the trust; or

(c) \* being a person having the management of any other association,

hereby apply for licensing of a Customs and Excise manufacturing warehouse.

**Warehouse Particulars:**

a) Please indicate with an "x" whether the warehouse will be utilised as a manufacturing warehouse, manufacturing warehouse primary or manufacturing warehouse secondary.

Manufacturing Warehouse (VM): \_\_\_\_\_

Manufacturing Warehouse Primary (VMP): \_\_\_\_\_

Manufacturing Warehouse Secondary (VMS): \_\_\_\_\_

b) Please describe the goods that will be stored in the warehouse or manufactured in the warehouse as well as the tariff heading(s)/ item(s) and rebate item(s) (if applicable).

Tariff heading(s)/item(s)/Rebate item(s)	Description of goods manufactured and/or stored
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	



**CLIENT TYPE 9 – LICENSING OF CUSTOMS AND EXCISE SPECIAL STORAGE WAREHOUSE**

**Trading Particulars:**

Please supply all trade names and physical addresses of the business is conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business:			
Warehouse address: Street name and number:			
Building name and floor number:			
Suburb:			
City/Town:			
Street code:			

**Authority to apply:**

I/We \_\_\_\_\_ (name of applicant) herein represented by

(1) \_\_\_\_\_ Capacity \_\_\_\_\_

(2) \_\_\_\_\_ Capacity \_\_\_\_\_

being duly authorised thereto by virtue of -

(a) \* a resolution passed at a meeting of the Board of Directors held at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ cyy \_\_\_\_\_; or

(b) \* express consent in writing of all the members of the close corporation /\* partners of the partnership /\* trustees of the trust; or

(c) \* being a person having the management of any other association, hereby apply for licensing of a Customs and Excise special storage warehouse.

**Warehouse Particulars:**

a) Please indicate with an "x" the utilization of the warehouse.

1	Storage of locally manufactured goods (SOS):	
2	Storage of imported goods (SOS):	
3	Storage of locally manufactured goods for export (SOS):	
4	Warehouse licensed for the storage of locally manufactured goods for supply of such goods to a warehouse licensed as a duty free shop or for the supply of such goods to foreign going ships or aircraft (SOS):	
5	Locally manufactured spirits, unpacked, for export (SOS):	
6	Storage warehouse for denaturing of spirits and packing thereof (SOS):	
7	Storage warehouse for packing or repacking in manufacturing of undenaturing spirits for supply to rebate users (SOS):	
8	Combination of provisions 6 & 7 (SOS):	

b) Please describe the goods that will be stored in the warehouse or manufactured in the warehouse as well as the tariff heading(s)/ item(s) and rebate item(s) (if applicable).

Tariff heading(s)/item(s)/Rebate item(s)	Description of goods manufactured and/or stored
1)	
2)	
3)	
4)	
5)	

6)	
7)	

**The under-mentioned original or certified copies must accompany the application:**

- (a) Registration certificate of business - As issued by the Registrar of Companies or Master of the Supreme Court in case of a Trust.
- (b) Resolution/consent or other authority as applicable.
- (c) Plans of premises, showing the exact location of the warehouse.
- (d) Signed Agreement as indicated in Rule 19A.
- (e) Identity documents/Passport documents of
  - Individual.
  - Partnership, Close Corporation and Trust – All members/partners/trustees.
  - Company – All Directors, including Managing Director and Financial Director.

**Declaration:**

I hereby-

- (a) declare that the particulars in the application and all enclosures are true and correct; and
- (b) undertake to-
  - (i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;
  - (ii) comply with such customs and excise laws and procedures.

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	Place

FOR OFFICIAL USE	
File Number:	
Type of Warehouse:	SOS
Warehouse Number:	
License Number:	
License Date:	
District office with whom Licensed:	