No 24594 21

20 March 2003

CUSTOMS AND EXCISE ACT, 1964

AMENDMENT OF RULES (NO. DAR/71)

Under sections 21, 59A, 60 and 120 of the Customs and Excise Act, 1964, the rules published in Government Notice R 1874 of 8 December 1995 are amended to the extent set out in the Schedule hereto.

P J GORDHAN

COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE

SCHEDULE

(a) By the substitution for the form under item 202.00 of the Schedule to the rules of the following form:

"DA 185 Application form: Licensing / Registration of Customs and Excise Clients"; and

(b) By the insertion of the following annexure:

"DA 185-12 Registration for electronic communication with SARS."

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APPLICATION FORM: LICENSING/REGISTRATION OF CUSTOMS AND EXCISE CLIENTS

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ANNEXURE DA185.12

$M_{\rm eff}$ CLIENT TYPE 12 - REGISTRATION FOR ELECTRONIC COMMUNICATION WITH SARS

To be completed:

One Annexure DA 185.12 per Customs Cilent Code; and

One Annexure DA 185.12 per electronic (EDD communication address (i.e. Dual / Multi registration code)

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資源 문송관 5 D. Authority to apply; (name of applicant) herein represented by l∕We _Capacity __ (I)(2)_ _Capacity_ being duly authorised thereto by virtue of -(a) * a resolution passed at a meeting of the Board of Directors _; ar 

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#### STAATSKOERANT, 20 MAART 2003

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#### SOUTH AFRICAN REVENUE SERVICE

### Government Gazette No. 24594

#### No. R.407

#### 2003-03-20

#### CUSTOMS AND EXCISE ACT, 1964

#### AMENDMENT OF RULES (NO. DAR/71)

Under sections 21, 59A, 60 and 120 of the Customs and Excise Act, 1964, the rules published in Government Notice R 1874 of 8 December 1995 are amended to the extent set out in the Schedule hereto

#### **P J GORDHAN**

#### COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE

#### SCHEDULE

(a) By the substitution for the form under item 202 00 of the Schedule to the rules of the following form:

"DA 185 Application form: Licensing / Registration of Customs and Excise Clients"; and

(b) By the insertion of the following annexure:

"DA 185 12 Registration for electronic communication with SARS "



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

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<u>  · · · · · · · · · · · · · · · · · · ·</u>							-							<u> </u>	+		+

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

D. REGISTRATION F	PARTIC	UL.	RS																												
VAT Regist	ration Nu	mber														Inco	òme	Tax 1	Jumt	oer:											
I	PAYE Nu	mber	;														5	DL	կառե	er:											٦
	UIF Nu	imber	:										]																		
Full name, s	sumume a	and ID	/Pass	ort n	unbe	r(s) o	f "So	le Pror	oriet	or ar	nd/= 0	or all	Partr	ers/	* Ma	nagi	ing E	Direct	ог/ <b>*</b>	Finar	cial Di	reci	or/* 1	Dire	cior	s/* N	femb	ers/=	Tru	stees	-
i) Initials:		1						Jame:	Τ																						_
Sumane:		i		******																											-
ID No:	T	·	T			Γ		Τ	Т	Τ			T	Γ				1													_
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ii) Initials:					L	1	Fult N	laine:					1					1													٦
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iii) Initials:							-I Fuli N	Jame:	+		L		.!		I	ł.															٦
Surname:																															
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E. CONTACT PERSC	DN (Par	ticula	urs of	per	son v	vho (	an I	e con	tac	ted	rega	ndi	ng th	is ឆ្ន	oplic	ati	on)														1
Surnaine:	T																														T
First Name:	:																														1
Telephone	Dialling (	Code:	Ţ	Τ	T	Γ		l	Τ		Γ							Tel	epho	ne N	umber	Τ	Τ	T						T	1
Ceilular I	hone Nu	inber:		1	1				1			T		Γ	Γ					· ·		-	<u> </u>		1		L		I		ئ
	Cap	acity:		1	1							f		$\vdash$		T	Т	T	Τ	Γ	T	Т	Т	T						Τ	٦
F. ACCOUNTANT/AC	COUN	TIN	G DE	TAI	LS							1																	<u>L</u>		
Name of Accountant/A	ecounting	g firm	:																												
Particulars of the Accountan	nt/Auditor	r or A	ccount	ing O	fficer	:																									
Initials:					ł	first 1	Vame	:																							
Surname:																															
	Teleph	one D	ialling	; Cod	e.							}							l el	epho	ie Num	ber:									
Business address: St	reel name	e and i	numbe	r:																											
Building n	ame and	floor	numbe	er:																											
Suburb;																															_
City/Town:																					Street o	code	:								
Postal address:																															
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G: INFORMATION R	EGAR	DING	G CO	NTI	۲.VI	ENT	ION	SAN	DO	TH	ER	MA	TTE	RS			· · · · ·				·····		1							:	
Please indicate whether duri	ing the pr	ecedii	ng five	e year	s. any	perse	on co	ntempl	ated	in th	ne m	les fi	or sec	ion :	\$9A (	or 6	0: -														
Has contravened or failed to	o comply	with t	he pro	visio	ns of t	he A	c1															Yo	5:			T	И	0:			
Has failed to comply with a	ny conditi	ion, o	bligati	on or	other	requi	ireme	nt imp	oset	l by I	he C	onn	nissio	ner								Ye	:5:				N	0;			
Has been convicted of any o	offence u	nder ti	ie Act																			Ye	:5:				N	0:			
Has been convicted of any o																						Y	5:				N	0:			
Has made any false or misle in any application for registr									ed to	stal	e any	/ mat	lerial	fact	whicl	1 Wa	as re	quire	1 10 1	ie sta	ted	Ye	:8:				N	0:			
Has ever been insolvent or i							······															Υ¢	s:	I			N	D;	Γ		

If the answer is "yes" to any of the above questions in G full details must be furnished with the application

## CLIENT TYPE 12 - REGISTRATION FOR ELECTRONIC COMMUNICATION WITH SARS

3

Export Bills of Entry

To be completed: • One Annexure DA 185 12 per Customs Client Code; and

Capacity:

One Annexure DA 185 12 per electronic (EDI) communication address (i e. Dual/Multi registration code)

A. TRADIN	G PARTICULAI	s:																									
Please supply : form.	all trade names and pl	ysical a	ddre	sses (	of the	busi	11055	if cor	nduc	ted fi	rom	u di	ffere	ent ai	lire	\$\$ ()	or under i	n different na	me as was	state	lin	parag	oph I	3 0[1	he ap	plica	tion
Trade name	e of business:																										
Dual / Mu	Iti Registration Code																										
Premis	es address: Streetnam	e and nu	mbe	r:																							
	Building name and	floor nu	mbe	r.																							
		Su	ıburl												~~~~	*****											
		City / 1	lowr	r.	_																						
		Street	Code	s:																							
B. CONTA	CT PERSON (Part	iculars	ofp	erso	n lo v	vhor	n th	e dig	ital	sign	atur	re d	etail	s mu	ist t	pe c	លាតាមព	icated to)									
Surname:																	·										
First Name:																											
	Telephone Dialling	Code:									T							I elephone	Number:								
	Cellular Phone Nu	mber:									Τ																
	Facsimile Dialling	Code:							l									Facsimile	Number:		[					ľ	
Elec	tronic mail address (e-	mail):																					-		-	-	-

C Electronic Data Intercia	inge Communications Details (The add	ess where EDI messages will be communicated from / to)	
Sender ID (UNB)			
Internet Sender Address - OR			
X 400 Sender Address	Country Code	Unit Name 1	
	Administration Domain	Sumame	
	Private Domain	Given Name	
	Organization	Initials	
Name of Computer Bureau or Provider Used (if applicable)	Service		
Provider Osea (11 applicable)	I		

D. Authority to apply:		
1/We		(name of applicant) herein represented by
(1)		Capacity
(2)		Capacity
being duly authorised thereto by virtue of -		
<ul> <li>(a) * a resolution passed at a meeting of the Board of Directors</li> </ul>		
held aton the		day of or
(b) • express consent in writing of all the members of the close corporation /* pa	rtners of t	the partnership /* trustees of the trust; or
(c) • being a person having the management of any other association.		and the second
hereby apply for registration to enable the applicant to conduct electronic communi	cation for	r the area(s) indicated in section E below.
E. COMMUNICATION(S) AREA (Please indicate with an "X")		
1. Import Bills of Entry	0	2. Munifest acquittal system

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Manifests

4. Refund Ap	plications (DA 66)		Outluri	1 Reports	
5 Electronic	Release Messages to Release Authorities	0	<ul> <li>Schedu</li> </ul>	le & Arrival Information	D
6 Cross bord	er movement (CCA1)		<ul> <li>Discha</li> </ul>	rge & Load Information	
7 Removal ii	n bond (including transit)	D	• Gate-Ir	& Gate-Out Information	
(a) Regi: (b) Reso	R-MEN'HONED ORIGINAL OR CERT) stration certificate of business - As issued by the Reg lution/consent or other authority as applicable ity documents/Passport documents of Individual Partnership, Close Corporation and Trust – Company – All Directors, including Managi	gistrar of Companies or Ma All members/partners/trust	ster of the Supreme ces		
l hereby- (a) decla	ATION: re that the particulars in the application and all encl ttake to- inform the South African Revenue Service i comply with the customs and excise laws an	osures are true and correct; mmediately of any changes	and		
Initials and	sumane:		Status (e g Dir	ector):	
Signature:		Date:	····	Place	

4