

NOMINATION OF REGISTERED AGENT

1. NOTES FOR THE COMPLETION OF FORM

1. Please indicate with an" X" in the appropriate block(s) whichever is applicable

2. Please reflect the relevant customs and excise client number for the registered agent, if already registered or licensed for any activity regulated by the Act.

3. A separate form DA 185.D must be completed and submitted for each registered agent that is nominated and be attached to the DA 185 application form.

| 2. FOREIGN PRINCIP | AL PAR | TICUL | ARS | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|------------------|-------------------|----------|-------|---------|-------|--------|-------|-------|--------|-------|------|-------|--------|--------|-------|---------|--------------|-------|------|---------------|------|------|----|
| I / We (herein after know | vn as the | e "Prin | cipal): | | | | | | | | | | | | | | | | | | | | | | |
| Individual: | First two Names: | | | | | | | | | | | | | | | | | | | | | | | | |
| mainadai. | Surname: | | | | - | - | | | - | | | | | | | | | | | | | | | | |
| Passport No | : | | | | | | | | | | | | | | | | (6 | ə.g. \$ | Pas South | | | untry ZAF) | | | |
| Company Registered | name: | | | | | - | | | | | | | | - | | | | | | | | | | | |
| Company / CC / Trust Reg. No. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Physical ac | dress: | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | St | reet o | code | • | | | | |
| Country | / Code | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | 1 | | _ | | | | | tal co | ode | | | | | |
| Business | | | Code: | ` | | Tel. | (| | |) | | | | Fax n | umb | er: | Code | e: (|) | | Fax | . (| | | _) |
| | | | -mail a | addres | ss: | | | | 1 | | | | | | | | | | | | | | | | |
| Custo | Customs Number: | | | | | | | | | | | | | | | | | | | | | | | | |
| Herein represented by: | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) | | | | | | | | | | (2) |) | | | | | | | | | | | | | | |
| being duly authorised th | ereto by | | pacity) e of – | | | | | | | . , | | | | | | | (C | apa | city) | | | | | | |
| (a) *a resolution | passed | at a | mee | eting | of t | the | Boa | ard o | of I | Direc | ctors, | hel | d a | at | | | | | | | | | . or | ר th | ıe |
| (b) *express conser | | | | . day | of | | | | | | (0 | CCY | Y) | | | | ; or | | | | | | | | |
| (c) * being a persor | having | the m | anagei | ment | of an | y oth | ner a | issoci | atio | n; | | | | | | | | | | | | | | | |
| do hereby appoint / can | cel the p | arty s | pecifie | d und | er pa | art 3 (| of th | is ap | olica | ation | as R | egist | tere | d Age | ent fo | r the | funct | ions | set o | ut in | part | 4. | | | |
| 3. REGISTERED AGEN | | FICUL | ARS (| as ref | lecte | ed or | n D/ | A 185 |) | | | | | | | | | | | | | | | | |
| I / We accept / cancel th | e appoir | ntment | as Re | gister | ed A | gent | for | the fu | ncti | ons | set o | ut in | part | 4 of | this a | applic | ation | : | | | | | | | |
| Individual: | First | First two Names: | | | | | | | | | | | | | | | | | | | | | | | |
| | | Sur | name: | | | | | | 1 | | | | | | | | | | | | | | | | |
| Identity No: | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Company Registered name: | | | | | | | | | | | | | | | | | | | | | | | | |
| Company / CC / Trust | Reg. No |) . | | | | | | | | | | | | | | | | | | | | | | | |
| SARS Identification Customs Number: Income Tax Number: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Physical addre | | | 1 | I | I | | | | I | | | | | | 1 | | I | | | | 1 | 1 1 | | | |
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| | | | | | | | | Stre | et cod | e: | | | | |
|--|---|----------------|----------------------------------|-------------------------|----------|--------|--------------------|-------|---------|---------|------|---|--|--|
| Country Co | ode | | | | | | • | | | | | | | |
| Postal Address: | 1 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | F | Posta | l code | | | | | |
| Business Telepho | one: Code: | () | Tel. () | Fax number: | Code | : (|) | F | ax. (| |) | | | |
| Bu | isiness e-mai | l address: | | 1 | I | | | | | | | | | |
| Herein represented by | | | | | | | | | | | | | | |
| Herein represented by: | | | | | | | | | | | | | | |
| (1) | | | ;;;, ,) | (2) | | | | | | | | | | |
| being duly authorised the | (Capacity) (Capacity) being duly authorised thereto by virtue of – | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (a) *a resolution passed at a meeting of the Board of Directors, held at | | | | | | | | | | | | | | |
| (b) *express co | onsent in writi | ing of all the | e members of the close corpora | ation /* partners of th | e partne | ershi | .; or in /* tri | ustee | s of th | e trust | or | | | |
| | | | ement of any other association. | | o paran | | P, | | | | , c. | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4. NOMINATED RELAT | TIONSHIP: | | | | | | | | | | | | | |
| Importer's register | ed agent: | | Cancel relationship | Effective date: | С | С | Y | Y | Μ | Μ | D | D | | |
| Exporter's register | ed agent: | | Cancel relationship | Effective date: | С | С | Υ | Y | Μ | Μ | D | D | | |
| Licensed remover's r | | | Cancel relationship | Effective date: | С | С | Y | Y | Μ | М | D | D | | |
| | agent: | | | | | | | | | | | | | |
| 5. SIGNED BY THE FO | REIGN PRIN | ICIPAL: | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | at the particu | lars in the a | application are true and correct | and undertake to c | omply v | vith s | such c | ustor | ns and | l excis | e | | | |
| laws and procedures. | | | | | | | | | | | | | | |
| (1) | | | (2) | | | | | | | | | | | |

| (1) | | | (2) | |
|--------------------|-------------------------|-----------|--------|------------------------|
| | Signature of Princi | ipal | | Signature of Principal |
| atNam | ne of Town or City | on the | day of | Month and Year |
| In the presence of | of the subscribed witne | esses: | | |
| Witnesses: | (1) | Signature | (1) | Signature |
| | (2) | Signature | | Signature |
| 6. SIGNED BY | THE REGISTERED AC | GENT: | | |

I/ We hereby declare that the particulars in the application are true and correct and undertake to comply with such customs and excise laws and procedures.

| (1) | | | (2) | | | | | |
|--------------|-----------------------------|------------|-------|-------------------------------|--|--|--|--|
| | Signature of Registe | ered Agent | | Signature of Registered Agent | | | | |
| at | | on the | day d | of | | | | |
| | Name of Town or City | | No. | Month and Year | | | | |
| In the prese | ence of the subscribed with | esses: | | | | | | |
| Witnesses: | (1) | | (| (1) | | | | |
| | | Signature | | Signature | | | | |
| | (2) | | (| (2) | | | | |
| | | Signature | | Signature | | | | |