

ANNEXURE DA 185.4B13

## LICENSING CLIENT TYPE 4B13 – TO MANUFACTURE OR IMPORT STILLS FOR SALE OR TO REPAIR STILLS FOR REWARD

| Indicate nature of application with an "X" | First application | Renewal |  |
|--|-------------------|---------|--|
|  |                   |         |  |

| Details of applicant:   |                        |                              |     |               |  |       |  |
|---|------------------------|------------------------------|-----|---------------|--|-------|--|
|   |                        |                              |     |               |  |       |  |
| Full name/Company name:   | Postal Address:        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
| Identity Number / Company Registration Number:  | Income t               | Income tax reference number: |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
| Physical address:   | Cellular phone number: |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
| Email address:  | Client nu              | Client number:               |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
| Details of still:   |                        |                              |     |               |  |       |  |
| Address where still is manufactured:  |                        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
| Indiants the time of still that will be manufactured  | /:f "athor"            | Pot St                       | :11 | Continuous St |  | Other |  |
| Indicate the type of still that will be manufactured please specify):   | (il other,             | (If other, Pot S             |     |               |  | Other |  |
|   |                        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
| Material(s) from which still(s) is manufactured:  | _                      |                              |     |               |  |       |  |
| Pot Still(s):   | Pot                    | Pot                          |     | Helm          |  | Coil  |  |
|   |                        |                              |     |               |  |       |  |
| Continuous Still(s):  |                        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
| Other (classe anacifu)  |                        |                              |     |               |  |       |  |
| Other (please specify):   |                        |                              |     |               |  |       |  |
|   |                        |                              |     |               |  |       |  |
| If you have failed to comply with the Customs and Excise  |                        |                              |     |               |  |       |  |
| Act, 1964 or any law relating to the illicit manufacture,   |                        |                              |     |               |  |       |  |
| conveyance, supply or possession of intoxicating liquor<br>during the past two years, state the nature of the offence and |                        |                              |     |               |  |       |  |
| penalty imposed:  |                        |                              |     |               |  |       |  |

| Declarati   | ion:  |                                    |                                       |  |  |  |  |
|---|---|------------------------------------|---------------------------------------|--|--|--|--|
| I hereby -  |   |                                    |                                       |  |  |  |  |
| (a) <b>declare</b> that the particulars in the application and all enclosures are true and correct; and |   |                                    |                                       |  |  |  |  |
| (b) <b>unc</b>  | (b) undertake to -  |                                    |                                       |  |  |  |  |
| (i)   | inform the South African Revenue Service immediately of any changes in the particulars furnished in |                                    |                                       |  |  |  |  |
| (1)   | (i) the application;  |                                    |                                       |  |  |  |  |
| (ii)  | <li>(ii) comply with the customs and excise laws and procedures.</li>                               |                                    |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   | (Initials and Surname)  | (Status / Capacity, e.g. Director) |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   |   |                                    | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| (Signature)   |   | (Date                              | (Date & Place)                        |  |  |  |  |
|   | FICIAL USE ONLY:  |                                    |                                       |  |  |  |  |
| Approved  | l:  | Licence No.                        | Office Stamp                          |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   | Controller  |                                    |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   |   |                                    |                                       |  |  |  |  |
|   | Date  |                                    |                                       |  |  |  |  |