

APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8A

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

AIR CARGO

Application for registration as a person submitting reporting of under section 8 of the Act	documen	ts must be	done in terms of re	ule 8.04 r	ead with ru	ıle 8.05	of the	e rules		
b) Please note that a separate annexure must be completed for e	each rep	orter type (s	see rules for definiti	ions and r	eporting of	oligation	ns):			
DA 8A.01 must be completed by Carriers / Registered A							,.			
 DA 8A.02 must be completed by Port Authorities 										
 DA 8A.03 must be completed by Transit Shed Operators 										
DA 8A.04 must be completed by Degrouping Depot Lice The process are sided on this forms on the compliants.			h =		-	سمام				
 If the space provided on this form or the applicable annexu continuation page which must be attached to this form or the a 			ne requirea inform	iation mus	st be furnis	snea or	ı a se	eparate		
d) All references to sections and rules pertain to the Customs and Excise Act, 1964										
e) This application (inclusive of all annexures and attachments) r	must be	completed a								
SARS Head Office, Block D, Ground floor, Lehae La SARS, office as may be indicated on the SARS website for receipt of			eet, Nieuw Muckler	neuk, Pre	toria, or a	customs	s and	excise		
office as may be indicated on the SARS website for receipt of	such ap	Jilcations								
SARS CUSTOMS / EXCISE CLIENT NUMBER										
If currently registered / licensed in terms of the Act, please state	e applica	ble custom	s and / or excise							
client number	• • •									
Purpose of application										
New registration Update of existing information	n		Notification of ca	ncellation						
		'	1							
REPORTER TYPE - Please indicate with an X where applicable)									
O a minima.		* 01	A 1							
Carrier	Ш	* Clearing	Agent					Ш		
Registered Agent		Transit Sh	ed Operator					П		
			•							
Port Authority		Degroupir	g Operator							
* The definition of "Clearing Agent" in the rules includes all perso	ons who	arrange or	behalf of other p	ersons fo	r reward ti	he rece	ipt, de	elivery (
transport of goods imported into or to be exported from the Republ	ic. This i	ncludes Fre	eight Forwarders, G	Groupage .	Agents and	d Courie	ers tha	at are n		
carriers										
LOCATION OF APPLICANT										
Natural person who is:		Juristic pe	rson that is:							
Yes						Yes				
Located in the RSA	\exists	Located i	n the RSA			No	$\overline{\Box}$			
APPLICANT PARTICUL APPLICATION OFFICE'S						. 40	<u> </u>			

APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable Nature of business (please indicate with X) Company Close corporation Sole proprietor / Natural Other juristic person person. Cooperative Organ of State Trust Registered name of business (juristic person) or name of natural person Registration number Physical address Building address: Unit/Floor Complex number Building name Street name and Street code number Suburb/District City/Town Postal address

	Suburb/District														
	City/Town						Pos	tal coc	de						
Contact details	Business telephone number	()					Fax	numb	er ()					
	Home telephone number														
	Business e-mail address						·		<u>'</u>						
	Web address														
CONTACT PERSO	N AT MANAGEMEN	NT LEVEL													
Name					Surname	е									
ID type					Citizens	hip									
Designation/ Capacity					E-mail a	ddres	S	()						
Telephone number	()				Fax num	ber		()						
SOUTH AFRICAN	BANK ACCOUNT D	ETAILS													
	Bank acco	ount number:													
	have a South African b outh African bank acco	unt of a third			.		 				Į.				
Branch name:		party							Brand						
Bank name:							heque:		Saving		Т	- Fransr	missi	on.	
Account holder							noque.		Caving	э. Ш	<u> </u>	Tarioi	111001	011.	
name:															
AUTHORISED OF	FICER														
I / We (name of perso	on(s) authorised to act	on behalf of ju	ristic	person)	-										
(1)			ID	No						_ Ca	pacit	y /	· [Desigr	nation
(2)			ID	No						_ Ca	pacit	.y /	' Г	Desigr	nation
being duly authorized	thereto by virtue of –														
(a) * a resolutio	n passed at a meeting	of the Board	of Dire	ectors											
held	on the _			da	y of					(суу_				; or
(b) * express co	onsent in writing of all t	he members c	f the	close co	orporation;	or									
	onsent in writing of a pe			or the ma		t of an	y other	type o	f juristic p	erson					
horoby apply on bobal	f of the applicant for re	agistration to s	uhmit	roportin	na documo	ate									
hereby apply on behal	i or the applicant for re	gistration to s	ubiiiit	теропп	ig docume	iio									
DOCUMENTS IN S	SUPPORT OF APPL	ICATION													
(a) Registration	certificate of business	– as issued b	y the	Compa	nies and In	tellect	tual Prop	perty C	Commissio	on (CIP	C) in	respe	ect of	the	
applicant (b) Resolution /	letter of consent or au	thority to act	on be	half of tl	he relevant	iurist	ic persoi	n							
(c) Identity / Pa	ssport documents of	,				,	, 2.00								
• Individ		omboro													
	Corporation – all the many – all the Directors,		Mana	nina Dir	ector and F	inano	ial Direc	tor							
-	uristic person - the per	_													
-	respect of Registered				-										

DECLARATION BY APPLICANT OR AUTHORISED OFFICER ON BEHALF OF APPLICANT THAT IS A JURISTIC PERSON

I for the *Carrier / *Registered Agent / *Clearing Agent / *Port Authority / *Transit Shed Operator / *Degrouping Depot Licensee / hereby-

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

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



CARRIER / REGISTERED AGENT OR CLEARING AGENT- DA 8A.01

REPORTER TYPE (Ind	licate in the applicable	box by means of a	an X)							
Carrier			Clearing Agent							
Registered Agent										
CARRIER DETAILS										
Carrier name										
Carrier code assigned by i (IATA 3-digit Airline Code	•	le for non-IATA air	rlings)							
If currently licensed with S			· · · · · · · · · · · · · · · · · · ·	r						
" our only " our only " our	, 11.0, p.c									
REGISTERED AGENT	DETAILS									
Agent name										
If currently registered with										
please state applicable customs and excise client number										des
Name(s) of carriers not located in the Republic represented by Registered Agent										
1.										
2.										
3.										
4.										
5.										
6.										
CLEARING AGENT DE	TAII S									
	LIAILO									
Clearing Agent Name						1				
Please state applicable cu	stoms and excise clier	nt number								
1. Details of all Branch	CH OFFICE ADDRE offices must be reflecte									
	es that submit reports r		cted here							
BRANCH OFFICE PAR	RTICULARS									
Branch office name										
Physical address										
		I								
	Building Address: Complex			Unit/Floor number						
	Suburb/District		<u> </u>							
	City/Town			Street code						
Postal address	,	I	I		I					
	Suburb/District									
	City/Town			Postal code						
Contact details	Business telephone number	()		Fax number	()				
	Business e-mail address				I					
Contact person	Name			Surname						
at management level	Designation/ Capacity			E-mail addre	ess					

ID type			Citizenship		
Telephone number	(1	Fax number	()

APPLICANT'S BRANCH OFFICE ADDRESSES									
	CH OFFICE ADDRE Offices must be reflecte								
		nust also be reflected here							
BRANCH OFFICE PARTICULARS									
Branch office name									
Physical address									
	Building address: Complex		Unit/Floor number						
	Suburb / District								
	City/Town		Street code						
Postal address									
	Suburb/District								
	City/Town		Postal code						
Contact details	Business telephone number	()	Fax number ()					
	Business e-mail address								
Contact person	Name		Surname						
at management level	Designation/ Capacity		E-mail address						
	ID type		Citizenship						
	Telephone number	()	Fax ()					

APPLICANT'S BRANC	CH OFFICE ADDRE	SSES							
	offices must be reflected that submit reports r		pe reflected here						
BRANCH OFFICE PAR	RTICULARS								
Branch office name									
Physical address									
	Building address: Complex			Unit/Floor number					
Suburb/District Suburb/District									
	City/Town			Street code	;				
Postal address									
	Suburb/District								
	City/Town			Postal code					
Contact details	Business telephone number	()		Fax number	()			
	Business e-mail address								
Contact person	Name			Surname					
at management level	Designation/ Capacity			E-mail addre	ess				
ID type Citizenship									
	Telephone number	()		Fax number	()			

^{*} Please add continuation pages as required

AIRCRAFT INFORMATION

- 1. Required in respect of all foreign-going aircraft calling at airports in the Republic, owned, operated, rented or chartered by a Carrier
- 2. If the space provided is insufficient, please add continuation pages as required

Carrier name	Ca	rrier co	ode	Aircraft name	Aircraft registration number

PORT AUTHORITY - DA 8A.02

APPLICANT DETAILS	
Port authority name	

AIRPORT PARTICULA	ARS .				
Airport name			IATA 3-letter airport co	de	
Physical address					
	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town			Street code	
Postal address					
	Suburb/District				
	City/Town			Postal code	
Contact details	Business telephone number	()		Fax ()	
	Business e-mail address				
Contact person	Name			Surname	
at management level	Designation/ Capacity			E-mail address	
	ID type			Citizenship	
	Telephone number	()		Fax ()	

AIRPORT PARTICULA	ARS .					
Airport name			IATA 3-letter airport c	ode		
Physical address						
	Building address: Complex			Unit/Floor number		
	Suburb/District					
	City/Town			Street code		
Postal address						
	Suburb/District					
	City/Town			Postal code		
Contact details	Business telephone number	()		Fax number	()
	Business e-mail address					
Contact person	Name			Surname		
at management level	Designation/ Capacity			E-mail addre	ess	
	ID type			Citizenship		
	Telephone number	()		Fax number	()

AIRPORT PARTICULA	ARS					
Airport name			IATA 3-letter airpo	ort code		
Physical Address						
	Building address: Complex			Unit/Floor number		
	Suburb / District					
	City/Town			Street code		
Postal address						
	Suburb/District					
	City/Town			Postal code		
Contact details	Business telephone number	()		Fax number	()	
	Business e-mail address					
Contact person	Name			Surname		
at management level	Designation/ Capacity			E-mail addre	ss	
	ID type			Citizenship		
	Telephone number	()		Fax number	()	

AIRPORT PARTICUL	ARS					
Airport name			IATA 3-letter airport co	ode		
Physical address						
	Building address: Complex			Unit/Floor number		
	Suburb / District					
	City/Town			Street code		
Postal address						
	Suburb/District					
	City/Town			Postal code		
Contact details	Business telephone number	()		Fax number	()
	Business e-mail address					
Contact person	Name			Surname		
at management level	Designation/ Capacity			E-mail addre	ss	
	ID type			Citizenship		
	Telephone number	()		Fax number	()

^{*} Please add continuation pages as required

TRANSIT SHED OPERATOR - DA 8A.03

APPLICANT DETAILS	
Company name	

TRANSIT SHED LOCA	TION							
Place					Transit shed nar	me		
SARS facility code			Port terminal cod		de			
Transit shed address								
	Building Comple	address:				Unit/Floor number		
	Suburb/	District						
	City/Tov	vn				Street code		
Postal address								
	Suburb/	District						
	City/Tov	vn				Postal code		
Contact details	Busines telephor	s ne number	()			Fax number	()
	Busines address							
Contact person at management level	Name					Surname		
at management level	Designa Capacity					E-mail address		
	ID type					Citizenship		
	Telepho	ne number	()			Fax number	()
TRANSIT SHED LOCA	TION							
Place					Transit shed nar	me		
SARS facility code			Port terminal co		de			
Transit shed address								
	Building Comple	address:				Unit/Floor		
	Suburb/							
	City/Tov	vn				Street code		
Postal address								
	Suburb/	District						
	City/Tov	vn				Postal code		
Contact details	Busines telephor	s ne number	()			Fax number	()
	Busines address							
Contact person	Name					Surname		
at management level	Designa Capacity	ation/				E-mail addre	ess	
	ID type					Citizenship		
	Telepho	ne number	()			Fax number	()

TRANSIT SHED LOCATION									
Place						Transit shed name			
SARS facility code						Port terminal coo	de		
Transit shed address									
	Buildir Compl	ng address: lex					Unit/Floor number		
	Suburl	o/District							
	City/To	own				Street code			
Postal address									
	Suburl	o/District							
	City/To	own					Postal code		
Contact details	Busine teleph	ess one number	()			Fax number	()
	Busine Addres								
Contact person	Name						Surname		
at management level Desig Capac		nation/ ity					E-mail addre	ess	
		Э					Citizenship		
Telephone number		()			Fax number	()	
TRANSIT SHED LOCA	TION								

TRANSIT SHED LOC	ATION							
Place		Transit shed name		me				
SARS facility code				Port terminal code				
Transit shed address								
	Building a Complex	ddress:				Unit/Floor number		
	Suburb/Dist	trict						
	City/Town				Street code			
Postal address								
	Suburb/Dist	trict						
	City/Town					Postal code		
Contact details	Business telephone n	number	()			Fax number	()
	Business address	e-mail						
Contact person	Name					Surname		
at management level	Designation Capacity	1/				E-mail addre	ess	
	ID type					Citizenship		
	Telephone i	number	()			Fax number	()

^{*} Please add continuation pages as required

LICENSED DEGROUPING DEPOT – DA 8A.04

LICANT DETAILS	APPLICANT DETAIL
pany name	Company name
pany name	Company name

DEGROUPING DEPO	OT LOCATION				_		
Place		Degrouping depot name		SARS facility code			
Degrouping depot address							
	Building address: Co	omplex					
Ì	Suburb/District						
1	City/Town			Street code			
Postal address							
	Suburb/District						
	City/Town			Postal code			
Contact details	Business telephone number	()		Fax number	()	
	Business e-mail address		·				
Contact person at management level	Name			Surname			
	Designation/ Capacity			E-mail addre	ss		
	Telephone number	()		Fax number	()	

Place		Degrouping depot name	SA	SARS facility		
Degrouping depot address						
	Building address: C	Complex	Unit/Floo number	or		
	Suburb/District					
	City/Town		Street c	ode		
Postal address	Suburb/District					
	City/Town		Postal co	ode		
Contact details	Business telephone number	()	Fax number	()	
	Business e-mail address		'	'		
Contact person at management level	Name		Surname			
	Designation/ Capacity		E-mail a	ddress		
	ID type		Citizensl	nip		

Telephone number	()	Fax number	()	
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DEGROUPING DEPO	OT LOCATION					
Place		Degrouping depot name	SARS facili	ty code		
Degrouping depot address						
	Building address: Co	omplex	Unit/Floor Number			
	Suburb/District					
	City/Town		Street code			
Postal address						
	Suburb/District					
	City/Town		Postal code			
Contact details	Business telephone number	()	Fax number ()		
	Business e-mail address					
Contact person at management level	Name		Surname			
	Designation/ Capacity		E-mail address			
	ID type		Capacity			
	Telephone number	()	Fax ()		

DEGROUPING DEP	OT LOCATION						
Place		Degrouping depot name	SARS	SARS facility code			
Degrouping depot address				·			
	Building address: Co	Complex Unit/Floor Number					
	Suburb/District						
	City/Town			Street code)		
Postal address	0.1.1/0:4:4	I					
	Suburb/District						
	City/Town			Postal code			
Contact details	Business telephone number	()		Fax number	()	
	Business e-mail address						
Contact person at management level	Name			Surname			
	Designation/ Capacity			E-mail addre	ess		
	ID type			Capacity			
	Telephone number	()		Fax number	()	

^{*} Please add continuation pages as required