

South African Revenue Service

AIR PASSENGER TAX

APT102

Operator's Application for Registration / Cancellation or Changing of Registered Particulars

Refer to instructions and information before filling this form
Application purpose: New O Change O Cancel O
Cancellation Date (CCYY/MMDD)
Operator's Particulars
Part 1: For Office Use Only
Operator's Code (if applicable)
Application for Liability Certificate O Non-Liability Certificate O
Date of Liability of Operator (CCYYMMDD) Expected date for carrying chargeable passengers on / or after 2000/11/01 Date of Change in Liability (CCYYMMDD) Date of Appointment of Agent (CCYYMMDD) CCYY/MM/DD Only to be completed if there is a change in liability / non liability / non liability certificate CCYY/MM/DD Image: CCYY/MM/DD
Estimated number of chargeable passengers per month during peak season
Local Establishment Indicator: Yes O No O
Part 2
Nature of Person: Individual O Company / Close Corporation O Trust O Partnership O Estate / Liquidation O
Particulars of Individual
Surname First two Names Trading name
Initials Date of Birth (CCYYMMDD) (CCYYMMDD) ID No. Passport/Permit No.
Country where Passport was issued Passport/Permit Issue Date (CCYYMMDD) Country of Tax Residence Taxpayer Reference No.*
VAT Registration No.* SDL Reference No.*
PAYE Reference No.*

Individual Co	ntact Details	
Email		Cell No.
Business Tel No.		
Physical Add	ress Details	
Unit No.	Complex (if applicable)	
Street No.	Street / Farm Name	
Suburb / District		
City / Town		
Country Code (e.g. S	south Africa = ZA)	
Postal Addres	ss Details	
Mark here with an "X	" if same as above or complete your Postal Address Is your Postal Address a Street Address? YO NO	
Postal Agency or Oth applicable) (e.g. Pos	her Sub-unit (if thet Suite ID)	
PO Box	Private Bag Other PO Special Service (specify) Number Private Bag Other PO Special Service (specify) Number	
Post Office	Country V Postal Code	
Unit No.	Complex (if applicable)	
Street No.	Street / Farm Name	
Suburb /District	Structu	
City/Town	Country ▼ Postal Code 3	

Contact Person - Individual (Particulars of person who can be contacted regarding this registration)					
Particulars of	ontact Person - Individual				
Surname	First two Names Trading name				
Initials	Date of Birth (CCYYMMDD) ID No. Passport/Permit No.				
Country where Passport was issue	▼ Passport/Permit Issue Date (CCYYMMDD) Country of Tax Residence Taxpayer Reference No.*				
VAT Registration I	* SDL Reference No.*				
PAYE Reference I	*				
Contact Details	Contact Person: Individual				
Email	Cell No.				
Business Tel No.					

Particulars of Company / Close Corporation					
Registered Name		Trading Name	Compan	pany / CC Registration No.	
Public Officer's Nam	10	Taxpayer Reference No.*	k		
Company / Cl	ose Corporation Contact Details				
Email				Cell No.	
Business Tel No.					
Physical Add	ress Details				
Unit No.		Complex (if applicable)			
Street No.		Street / Farm Name			
Suburb / District					
City / Town					
Country Code (e.g. S	South Africa = ZA)	7	Postal Code		
Postal Addres	ss Details				
Mark here with an ">	X" if same as above or complete your Postal Address	Is your Postal Addr	ress a Street Address? YONO		
Postal Agency or Ot applicable) (e.g. Pos	ther Sub-unit (if stnet Suite ID)		Postal Ac		
PO Box	Private Bag Other PO Special Service (specify)		Number		
Post Office	Country		Postal Code		
Unit No.	Complex (if a	oplicable)	Phys	-	
Street No.	Street / Farm	Name	Physical Address Structure		
Suburb /District			ss Structu		
City/Town	Country		Postal Code		

Company Contact Person (Particulars of person who can be contacted regarding this registration)					
Particulars of Co	ntact Person – Company / Close Corporation				
Surname	First two Names	Trading name			
Initials	Date of Birth (CCYYMMDD) (CCYYMMDD) ID No.	Passport/Permit No.			
Country where Passport was issued	▼ Passport/Permit Issue Date (CCYYMMDD) Country of Tax Residence	Taxpayer Reference No.*			
VAT Registration No.*	SDL Reference No	*			
PAYE Reference No.*					
Contact Details	Contact Person (For Company / Close Corporation)				
	Sontact reison (ron company r close corporation)				
Email		Cell No.			
Business Tel No.					

Particulars of T	rust			
Registered Name	Trading Name		Trust Registration No.	
Public Officer's Name	Taxpayer Reference No.*			
Trust Contact	Details			
Email				Cell No.
Business Tel No.				
Physical Addre	ss Details			
Unit No.	Complex (if applicab	(6		
Street No.	Street / Farm Name			
Suburb / District				
City / Town				
Country Code (e.g. Sou	th Africa = ZA)	Postal Code		
Postal Address	Details			٨
Mark here with an "X" if	same as above or complete your Postal Address Is your Posta	Address a Street Address? YO NO		
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PO Box	Private Bag Other PO Special Service (specify)	Number	Postal Address Structure	
Post Office	Country	Postal Code	Joture	
Unit No.	Complex (if applicable)		Ph	
Street No.	Street / Farm Name		Physical Address Structure	
Suburb /District			ess Struct	
City/Town	Country	Postal Code	ar	

Trust Contact Person (Particulars of person who can be contacted regarding this registration)					
Particulars of Contact Person – Trust					
Surname First two Names	Tradi	ing name			
Initials Date of Birth (CCYYMMDD) (CCYYMMDD)	ID No.	ssport/Permit No.			
Country where Passport/Permit Issue Date (CCYYMMDD) Count	of Tax Residence Taxpayer Reference	ze No.*			
VAT Registration No.*	SDL Reference No.*				
PAYE Reference No.*					
Contact Details - Contact Person (For Trust)					
Email	Cell No).			
Business Tel No.	-Fax No.				

Particulars o	f Partnership					
Registered Name		Trading Name		Partnership Registration. No.		
Public Officer's Nan	ne	Taxpayer Reference No.*				
Partnership (Contact Details					
Email					Cell No.	
Business Tel No.						
Physical Add	ress Details					
Unit No.		Complex (if applicable)				
Street No.		Street / Farm Name				
Suburb / District						
City / Town						
Country Code (e.g.	South Africa = ZA)		Postal Code			
Postal Addre	ss Details					٨
Mark here with an "	X" if same as above or complete your Postal Address	Is your Postal Address a Street A	ddress? YO NO			
Postal Agency or O applicable) (e.g. Po	ther Sub-unit (if stnet Suite ID)			Postal Ac		
PO Box	Private Bag Other PO Special Service (specify)	Number		Postal Address Structure		
Post Office	Country	Postal Cod	e	cture		
Unit No.	Complex (if app	licable)		Ph		
Street No.	Street / Farm Na	ame		Physical Address Structure		
Suburb /District				ess Struct		
City/Town	Country	Postal C	code	ā		

Partnership C	Partnership Contact Person (Particulars of person who can be contacted regarding this registration)					
Particulars of	ontact Person - Partnership					
Surname	First two Names Trading name					
Initials	Date of Birth (CCYYMMDD) ID No. Passport/Permit No.	J				
Country where Passport was issue	▼ Passport/Permit Issue Date (CCYYMMDD) (CCYYMMDD) Country of Tax Residence Taxpayer Reference No.*					
VAT Registration	SDL Reference No.*					
PAYE Reference						
Contact Details	Contact Person (For Partnership)					
Email	Cell No.					
Business Tel No.						

Particulars of	Estate / Liquidation					
Registered Name		Trading Name		Estate / Liquidation Registration. No.		
Public Officer's Name	θ	Taxpayer Reference No.*				
Estate / Liquid	dation Contact Details					
Email					Cell No.	
Business Tel No.						
Physical Addr	ess Details					
Unit No.		Complex (if applicable)				
Street No.		Street / Farm Name				
Suburb / District						
City / Town						
Country Code (e.g. S	outh Africa = ZA)	7	Postal Code			
Postal Addres	s Details					۸ .
Mark here with an "X	" if same as above or complete your Postal Address	Is your Postal Add	ress a Street Address? YO NO			
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PO Box	Private Bag Other PO Special Service (specify)		Number	Postal Address Structure		
Post Office	Country		Postal Code	cture		
Unit No.	Complex (if a	oplicable)		Ph		
Street No.	Street / Farm	Name		Physical Address Structure		
Suburb /District				ess Structu		
City/Town	Country		Postal Code	<u>.</u>		

Estate / Liquidation Contact Person (Particulars of person who can be contacted regarding this registration)					
Particulars of Contact	Person – Estate / Liquidation				
Surname	First two Names	Trading name			
Initials	Date of Birth (CCYYMMDD) (CCYYMMDD) ID No.	Passport/Permit No.			
Country where Passport was issued	▼ Passport/Permit Issue Date (CCYYMMDD) Country of Tax Residence	Taxpayer Reference No.*			
VAT Registration No.*	SDL Reference	No.*			
PAYE Reference No.*					
Contact Details - Contac	ct Person (For Estate / Liquidation)				
Email		Cell No.			
Business Tel No.					
Part 3: Particulars of B	ank Account of Operator for Refund Purposes Only (Must be a So	outh African Bank)			
Particulars of Account	Holder - Individual				
Surname	First two Names	Trading name			
Name of Bank					
Type of Acccount: Current	C Savings O Transmission O				
Branch number	Account number				

Part 4: Particulars of Three Main Partners / Shareholders / Members / Trustees (Not to be supplied in case of listed companies)				
Particulars of Main Partner / Shareholder / Member / Trustee (Not to be supplied in case of listed companies)				
Surname First two Names	Trading name			
Initials Date of Birth (CCYYMMDD) (CCYYMMDD) ID No.				
Physical Address Details				
Unit No. Complex (if applicable)				
Street No. Street / Farm Name				
Suburb / District				
City / Town				
Country Code (e.g. South Africa = ZA)				
Postal Address Details				
Mark here with an "X" if same as above or complete your Postal Address Is your Postal Address a Street Address? YONO				
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)				
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID) Potential Service (special Service (specify)) Number Potential Service (specify)				
Post Office Country Postal Code				
Unit No. Complex (if applicable)				
Offit No. Complex (if applicable) Pysical Address Street / Farm Name Street No. Street / Farm Name Street / Farm Name				
Suburb /District				
City/Town Country Postal Code				

Particulars o	rticulars of Main Partner / Shareholder / Member / Trustee (Not to be supplied in case of listed companies)		
Surname	First two Names	Trading name	
Initials	Date of Birth (CCYYMMDD) (CCYYMMDD) ID No.		
Physical Add	Iress Details		
Unit No.	Complex (if applicable)		
Street No.	Street / Farm Name		
Suburb / District			
City / Town			
Country Code (e.g.	South Africa = ZA)		
Postal Addre	ss Details		
Mark here with an " Postal Agency or O applicable) (e.g. Po PO Box O Post Office	X" if same as above or complete your Postal Address Is your Postal Address a Street Address? YONO		
Unit No.	Complex (if applicable) Physical Address Street / Farm Name Street / Farm Name		
Street No.	Street / Farm Name		
Suburb /District			
City/Town	Country V Postal Code		

Particulars of Main Partner / Shareholder / Member /	r / Trustee (Not to be supplied in case of listed companies)	
Sumame	First two Names	Trading name
Initials Date of Birth (CCYYMMDD) (CCYYM	YMMDD)	
Physical Address Details		
Unit No.	Complex (if applicable)	
Street No.	Street / Farm Name	
Suburb / District		
City / Town		
Country Code (e.g. South Africa = ZA)	Postal Code	
Postal Address Details		A
Mark here with an "X" if same as above or complete your Postal Address Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID) PO Box Private Bag Other PO Special Service (specify) Post Office Country	Is your Postal Address a Street Address? Y ○ N ○ Postal Number Postal Code	
Unit No. Complex (if applica	icable)	
Street No. Street / Farm Nam	me	
Suburb /District	sss Structure	
City/Town Country	Postal Code	

Part 5: Aviation Particulars (This section contains the particulars of the licence issued by				
Date Of Registration (CCYYMMDD) Registration / Licence no				
Declaration by Registrant				
I declare that: I am a person duly authorised to make this application and that all information supplied, including all annexures, is true and correct.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	the 2 lines of "X"s above			
Date Year Month Day	For enquiries go to www.sars.gov.za or call 0800 00 7277			

NOTES

General

- 1. Use capital letters and where applicable mark with an X
- 2. The enterprise's current Operator's code must be utilised
- 3. The Operator's code must always be quoted in all correspondence and interviews.
- 4. If the enterprise does not currently have a Operator's code, such number will be allocated upon registration for Air Passenger Tax.
- 5. The declaration part of this form must always be completed and signed by the registrant.
- 6. Air Passenger Tax is levied in terms of section 47B of the Customs and Excise Act, no 91 of 1964 as amended. The Commissioner of SARS through the branch office, OR Tambo International Airport, will administer this tax. Any enquiries regarding this application and/ or Air Passenger Tax must be addressed to this office.
- 7. In terms of the Air Passenger Tax legislation an operator may register for Air Passenger Tax or can appoint an agent to act on his behalf.
- 8. In this application reference is made to "chargeable passengers". For purposes of the Act, "chargeable passengers" means every paying passenger on a chargeable aircraft departing from an airport in the Republic to a destination in territory outside the Republic, excluding non-chargeable passengers. "Chargeable aircraft" means an aircraft designed or adapted to carry any person in addition to the flight crew.

New registration

- 1. If an operator applies for registration this application APT102 must be filled in.
- 2. If an agent applies for registration in respect of more than one operator, separate APT102 forms must be filled in, in respect of each operator.
- 3. Photocopies of APT102 forms are acceptable for additional operator registrations.
- 4. Upon registration as liable for Air Passenger Tax, a notice of registration APT103 will be issued.
- If an agent applies for registration in respect of more than one operator, an APT103 / APT103a will be issued in respect of each operator. The Air Passenger Tax legislation makes provision for a Certificate of non-liability. If this application is for such a certificate (when an APT102 form is filled in) an APT103a Certificate of non-liability will be issued.
- 6. If the liability changes from liable to non-liable or vice versa the date of change in liability) must be filled in.

Changing of registered

- 1. The Commissioner must be notified of any changes to the registered particulars within 7 days by completing form APT101 (for agents) or APT102 (for operators).
- 2. Only the particulars that have changed must be completed in the applicable fields.

Cancellation

- 1. When applying for cancellation of an agent the Agent's code and name of the agent must be supplied on An APT101 form.
- 2. When applying for cancellation of an operator the Operator's code and name of the operator must be supplied on an APT102 form.
- 3. The cancellation date is the date on which the agent / operator ceases to trade
- 4. A notice of cancellation will be issued once an agent / operator is cancelled.