



Declaration:

REGISTRATION CLIENT TYPE 4A15 - MANUFACTURE OF EXCISABLE GOODS SOLELY FOR OWN USE BY THE MANUFACTURER

1. Trading Particulars: Please supply all trade names and physical addresses if the business is conducted from a different address or under a different				
name as that stated in container 5 of the ap	addresses if the business plication form (DA 185)	is conducted from a different address or under a different		
Trade name of business:				
Business address: Complex				
Unit number:				
Street name and number:				
Building name and floor number:				
Suburb/District:				
City/Town:				
Street code:				
Web address:				
2. Details of manufacturer:				
Physical address where manufacturing will o	occur:	Physical address where storage will occur:		
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Description of goods to be manufactured and stored:				
Description of any manufacturing and storage process:				
Estimated maximum volume that any plant or equipment can manufacture per year:				
Estimated maximum volume that any facility or equipment can store at any moment in time:				
Estimated maximum volume that any facility of equipment can store at any moment in time.				
Estimated volume of manufacture per year:				
Estimated volume of storage at any moment in time:				
Estimated volume of own use per year:				
If you have failed to comply with any law off	her than the Customs and	Excise Act, 1964 relating to your industry during the past		
two years, state the nature of the offence and penalty imposed:				

I have read and understand section 116 and ru activity to which this application relates.	le 116 and such other rules as applicable to t	the excise type and manufacturing		
I am aware of the provisions of Rule 59A.10 in terms of which I am required to have sufficient knowledge of excise laws and procedures in relation to the manufacturing activity I intend to undertake.				
I am aware that the concept of own use implies limitation, and that except as permitted by Rule, I may not in any manner dispose of the product that I may be permitted to manufacture in terms hereof.				
(Initials and Surname)	(Status / Cap	(Status / Capacity, e.g. Director)		
(Signature)	(Dat	(Date & Place)		
,				
FOR OFFICIAL USE ONLY:				
Approved:	Licence No.	Office Stamp		
Controller				
Controller				
Date				