

REGISTRATION CLIENT TYPE 4A20 – PRODUCER OF GOODS NOT CAPABLE OF USE IN ANY ENGINE (SECTION 37A(4) AND RULE 37A.11)

- Please complete the appropriate section (A and B or C)
- A separate application should be submitted for each location which manufactures independently
- The output of the manufacturing operation must consist entirely of goods or a range of goods which can only be used as burning fuel not capable of use as a fuel in any engine as defined in Chapter 85 to 87 of the Harmonised Tariff
- The applicant's attention is drawn to Rule 37A.11 and also the applicable provisions of Rules 37A.06 and 37A.07 of the Customs and Excise Act No. 91 of 1964
- Copies of the plan of the premises indicating the production and storage facilities **must** be submitted with each application

Α	New application				
Full name of applicant					
Postal address of applicant					
Postal code					
Physical address of applicant where production takes place					
VAT registration number					
Income tax number					
Company/CC registration number (or ID no. if applicant is an individual)					
Code and telephone number of applicant					
Code and Fax	x number of applicant				
E- mail address of applicant					
В		iness Activities and Description of Goods			
Name and address of supplier/s of marked goods					
Name and address of supplier/s of goods with which marked goods will be mixed					
Customer number with supplier					
Name and estimated quantity of each of the goods produced (per annum)					

Formula of blend of goods to be mixed							
r official of blend of goods to be mixed							
Total number and marks of tanks to be used for production/storage purposes							
Capacity of each tank referred to above							
C	C Change of: (Mark with a "X")						
Name	Addre	ess	Cancellation	Other			
If change of name and/or address and/or other particulars please insert new particulars in the appropriate fields in A or B							
	• .		r				
Previous name of appli	icant						
Previous postal addres	s of applicant						
Previous physical addr	ess of applicant						
If other, please indicate	.						
I HEREBY DECLARE THAT THE INFORMATION REFLECTED ABOVE IS TRUE AND CORRECT							
Name (in print)	Signature	Capacity	Date				