

### **APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8**

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

### **SEA CARGO**

| a) Application for registration as a person submitting reporting documents must be made in terms of rule 8.04 read with rule 8.05 under section 8 of the Act  |                      |                         |                   |              |   |                     |            |  |  |  |
|---|----------------------|-------------------------|-------------------|--------------|---|---------------------|------------|--|--|--|
|   | parate annexure mu   | st be completed for ea  | ch rep            | orter type ( | see rules for definitions and reporting | ng obligations):    |            |  |  |  |
| <ul> <li>DA 8.01 must be completed by Carriers / Registered Agents and Clearing Agents</li> <li>DA 8.02 must be completed by Port Authorities</li> </ul>  |                      |                         |                   |              |   |                     |            |  |  |  |
| <ul> <li>DA 8.03 must be completed by Container Terminal Operators and Wharf Operators</li> </ul>   |                      |                         |                   |              |   |                     |            |  |  |  |
| <ul> <li>DA 8.04 must be completed by Container Depot Licensees</li> </ul>  |                      |                         |                   |              |   |                     |            |  |  |  |
| c) If the space provided on this form or the applicable annexures is insufficient, the required information must be furnished on a separate continuation page which must be attached to this form or the annexure |                      |                         |                   |              |   |                     |            |  |  |  |
| d) All references to sections and rules pertain to the Customs and Excise Act, 1964   |                      |                         |                   |              |   |                     |            |  |  |  |
| <ul> <li>e) In the case of submiss<br/>on the SARS website</li> </ul>   |                      |                         | applica           | ation and p  | hysically submit to a customs and e     | excise office as in | dicated    |  |  |  |
|   | <u></u>              | application is          |                   |              |   |                     |            |  |  |  |
| SARS CUSTOMS / EX   | CISE CLIENT NU       | JMBER                   |                   |              |   |                     |            |  |  |  |
| If currently registered / lic   | censed in terms of   | the Act, please state   | applica           | able custom  | ns and/ or excise                       |                     |            |  |  |  |
| client number   |                      | •                       |                   |              |   |                     |            |  |  |  |
|   |                      |                         |                   |              |   |                     |            |  |  |  |
| PURPOSE OF APPLIC   | ATION                |                         |                   |              |   |                     |            |  |  |  |
| New registration  | Update of            | of existing information |                   |              | Notification of cancellation            |                     |            |  |  |  |
|   |                      |                         |                   | ·            |   |                     |            |  |  |  |
| REPORTER TYPE - Ple   | ease indicate with a | n X where applicable    |                   |              |   |                     |            |  |  |  |
| Carrier   |                      |                         |                   | Registere    | ed Agent                                |                     |            |  |  |  |
|   |                      |                         |                   |              |   |                     |            |  |  |  |
| * Clearing Agent  |                      |                         |                   | Containe     | r Terminal Operator                     |                     |            |  |  |  |
| Deat Authority  |                      |                         | $\overline{\Box}$ | 01-1-        | - Demot L'es acce                       |                     |            |  |  |  |
| Port Authority  |                      |                         | Ш                 | Containei    | r Depot Licensee                        |                     |            |  |  |  |
| Wharf Operator  |                      |                         |                   |              |   |                     |            |  |  |  |
| * The definition of "Clearing   | a Agent" in the rul  | es includes all person  | s who             | arrange o    | n behalf of other persons for rewa      | ard the receipt o   | lelivery o |  |  |  |
| transport of goods imported   | d into or to be expo |                         |                   |              | Non-Vessel Operating Common C           |                     |            |  |  |  |
| Forwarders and Groupage A   | Agents               |                         |                   |              |   |                     |            |  |  |  |
| LOCATION OF ADDITION  | CANT                 |                         |                   |              |   |                     |            |  |  |  |
| LOCATION OF APPLIC  | CAN I                |                         |                   |              |   |                     |            |  |  |  |
| Natural person who is:  |                      |                         |                   | Juristic pe  | erson that is:                          |                     |            |  |  |  |
|   |                      | Yes                     |                   |              |   | Yes                 |            |  |  |  |
| Located in the RSA  |                      | No 🗍                    |                   | Located      | in the RSA                              | No 🗍                |            |  |  |  |
|   |                      | 1.00                    |                   |              |   | 1.10                |            |  |  |  |
|   |                      |                         |                   |              |   |                     |            |  |  |  |
| APPLICANT PARTICU   | LARS (HEAD OF        | FICE) - Please indica   | ate with          | h an X whe   | re applicable                           |                     |            |  |  |  |
| Nature of business (please  | •                    | Company                 |                   |              | Close corporation                       |                     |            |  |  |  |
|   |                      | Sole proprietor / Na    | atural            |              | Other juristic person                   |                     |            |  |  |  |
|   |                      | person                  | aturai            |              | Outer juristic person                   |                     |            |  |  |  |
| Cooperative   |                      | Organ of state          |                   |              | Trust                                   |                     |            |  |  |  |

Unit/

number

Street code

Floor

Registered name of business (juristic

Building address: Complex

Building name
Street name and

number

person) or name of natural person

Registration number
Physical address

|                          | Suburb/District                                   |  |                |        |                |          |               |      |     |      |         |    |    |
|--------------------------|---|--|----------------|--------|----------------|----------|---------------|------|-----|------|---------|----|----|
|                          | City/Town   |  |                |        |                |          |               |      |     |      |         |    |    |
| Destal address           |   |  |                |        |                |          |               |      |     |      |         |    |    |
| Postal address           | Suburb/ District                                  |  |                |        |                |          | I             |      |     |      |         |    |    |
| 0                        | City/Town   |  |                | Post   | tal Coc        | de       |               |      |     |      |         |    |    |
| Contact details          | Business telephone number                         | ( )  |                | Fax    | Fax number ( ) |          |               | )    |     |      |         |    |    |
|                          | Home telephone number                             | ( )  | ( )            |        |                |          |               |      |     |      |         |    |    |
|                          | Business e-mail address                           |  |                |        |                |          |               |      |     |      |         |    |    |
|                          | Web Address                                       |  |                |        |                |          |               |      |     |      |         |    |    |
|                          |   |  |                |        |                |          |               |      |     |      |         |    |    |
| CONTACT PERSO            | N AT MANAGEMEN                                    | NT LEVEL   |                |        |                |          |               |      |     |      |         |    |    |
| Name                     |   |  | Surname        |        |                |          |               |      |     |      |         |    |    |
| ID type                  |   |  |                |        |                |          |               |      |     |      |         |    |    |
| Citizenship              |   |  |                |        |                |          |               |      |     |      |         |    |    |
| Designation/<br>Capacity |   |  | E-mail address |        | (              | )        |               |      |     |      |         |    |    |
| Telephone number         | ( )   |  | Fax number     |        | (              | )        |               |      |     |      |         |    |    |
|                          |   |  |                |        |                |          |               |      |     |      |         |    |    |
|                          |   |  |                |        |                |          |               |      |     |      |         |    |    |
| SOUTH AFRICAN            | BANK ACCOUNT D                                    | DETAILS  |                |        |                |          |               |      |     |      |         |    |    |
|                          | Bank ac   | ccount number:                                     |                |        |                |          |               |      |     |      |         |    |    |
|                          | ave a South African bar<br>n African bank account |  |                |        |                |          |               |      |     |      |         |    |    |
| Branch name:             |   |  |                |        |                |          | anch<br>nber: |      |     |      |         |    |    |
| Bank name:               |   |  | Che            | eque:  |                | Savi     | ings:         |      | Tr  | ansm | nissior | า: |    |
| Account holder name:     |   |  |                |        |                |          |               |      |     |      |         |    |    |
| •                        |   |  |                |        |                |          |               |      |     |      |         |    |    |
| AUTHORISED OF            | FICER   |  |                |        |                |          |               |      |     |      |         |    |    |
| I / We (name of perso    | n(s) authorised to act o                          | on behalf of juristic person) -                    |                |        |                |          |               |      |     |      |         |    |    |
| (1)                      |   | ID No  |                | _Capa  | city/De        | esigna   | ation _       |      |     |      |         |    |    |
| (2)                      |   | ID No  |                | Capa   | city/De        | esiana   | ation         |      |     |      |         |    |    |
| (–)                      |   |  |                |        | ,.             | 9        |               |      |     |      |         |    |    |
|                          |   |  |                |        |                |          |               |      |     |      |         |    |    |
| being duly authorized    | thereto by virtue of -                            |  |                |        |                |          |               |      |     |      |         |    |    |
| (a) * a resolution       | on passed at a meeting                            | of the Board of Directors                          |                |        |                |          |               |      |     |      |         |    |    |
| held                     | on the _  | day  | y of           |        |                |          |               | C    | суу |      |         | ;  | or |
| (b) * express co         | onsent in writing of all t                        | the members of the close co                        | rporation; or  |        |                |          |               |      |     |      |         |    |    |
|                          | onsent in writing of a p                          | person responsible for the n<br>(please state name |                | y othe | r type         | of juris | stic per      | rson |     |      |         |    |    |
|                          |   | (picase state flame                                | ,              |        |                |          |               |      |     |      |         |    |    |
| hereby apply on beha     | .lf of the applicant for re                       | egistration to submit reporting                    | g documents    |        |                |          |               |      |     |      |         |    |    |

#### **DOCUMENTS IN SUPPORT OF APPLICATION**

- (a) Registration certificate of business as issued by the Companies and Intellectual Property Commission (CIPC) in respect of the applicant
- (b) Resolution / letter of consent or authority to act on behalf of juristic person
- (c) Identity / Passport documents of -
  - Individual
  - Close Corporation all the members
  - Company all the Directors, including the Managing Director and Financial Director
  - Other juristic person the person responsible for the management of the juristic person
- (d) DA 185D in respect of Registered Agent of carrier not located in Republic

#### 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 / \*Container Terminal Operator / \*Wharf Operator / \*Container 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

| z oroto trinonovor to mot appin       |              |  |
|---------------------------------------|--------------|--|
| Initials and surname:                 | I.D. number: |  |
| Capacity/Designation (Director, etc): | Signature:   |  |
| Place:                                | Date:        |  |



# **CARRIER / REGISTERED AGENT OR CLEARING AGENT- DA 8.01**

| REPORTER TYPE (Ind  | icate in the applicable      | box by means of a   | an X)                   |               |     |   |    |           |       |
|---|------------------------------|---------------------|-------------------------|---------------|-----|---|----|-----------|-------|
| Carrier   |                              |                     | Clearing Agent          |               |     |   |    |           |       |
| Registered Agent  |                              |                     |                         |               |     |   |    |           |       |
|   |                              |                     |                         |               |     |   |    |           |       |
| CARRIER DETAILS   |                              |                     |                         |               |     |   |    |           |       |
| Carrier name  |                              |                     |                         |               |     |   |    |           |       |
| Carrier code assigned by i (i.e. Bureau International d                                   |                              | r Standard Carrier  | · Alpha Code (SCAC), as | s applicable) |     |   |    |           |       |
| If currently licensed with SARS, please state applicable customs and excise client number |                              |                     |                         |               |     |   |    |           |       |
|   |                              |                     |                         |               |     | , |    |           |       |
| REGISTERED AGENT  | DETAILS                      |                     |                         |               |     |   |    |           |       |
| Agent name  |                              |                     |                         |               |     |   |    |           |       |
| If currently registered with  |                              | 4a la a u           |                         |               |     |   |    |           |       |
| please state applicable cust Name(s) of carriers not lo                                   |                              |                     | agistarad Agant         |               |     |   | Co | arrier co | , doo |
| 1.  | cated in the Republic i      | epresented by Re    | gistered Agent          |               |     |   | Ca | Titel CC  | lues  |
| 2.  |                              |                     |                         |               |     |   |    |           |       |
| 3.  |                              |                     |                         |               |     |   |    | -         |       |
| 4.  |                              |                     |                         |               |     |   |    | -         |       |
| 5.  |                              |                     |                         |               |     |   |    |           |       |
| 6.  |                              |                     |                         |               |     |   |    |           |       |
| <u>.</u>  |                              |                     |                         |               |     |   |    |           |       |
| CLEARING AGENT DE   | TAILS                        |                     |                         |               |     |   |    |           |       |
| Clearing agent name   |                              |                     |                         |               |     |   |    |           |       |
| Please state applicable cu  | stoms and excise clier       | nt number           |                         |               |     |   |    |           |       |
|   |                              |                     |                         |               |     |   |    |           |       |
| APPLICANT'S BRANC   | H OFFICE ADDRE               | SSES                |                         |               |     |   |    |           |       |
|   | offices must be reflected    |                     |                         |               |     |   |    |           |       |
| 2. Details of Head office<br>BRANCH OFFICE PAR  | s that submit reports r      | nust also be reflec | cted here               |               |     |   |    |           |       |
| Branch office name  | TICULARS                     |                     |                         |               |     |   |    |           |       |
| Physical address  |                              |                     |                         |               |     |   |    |           |       |
| Filysical addiess   |                              |                     |                         |               |     |   |    |           |       |
|   | Building address:<br>Complex |                     |                         | Unit/Floor    |     |   |    |           |       |
| Suburb/ District  |                              |                     |                         |               |     |   |    |           |       |
|   | City/Town                    |                     |                         | Street code   |     |   |    |           |       |
| Postal address  | ,                            |                     |                         |               |     |   |    |           |       |
|   | Suburb/ District             |                     |                         |               |     |   |    |           |       |
|   | City/Town                    |                     |                         | Postal code   |     |   |    |           |       |
| Contact details   | Business telephone number    | ( )                 |                         | Fax<br>number | ( ) | ) |    |           |       |
|   | Business e-mail address      |                     | <u>'</u>                |               |     |   |    |           |       |
|   | Web address                  |                     |                         |               |     |   |    |           |       |

| Contact person at management level | Name                   |     | Surname        |
|------------------------------------|------------------------|-----|----------------|
|                                    |                        |     |                |
|                                    | ID type                |     | Citizenship    |
|                                    | Designation / Capacity |     | E-mail address |
|                                    | Telephone<br>number    | ( ) | Fax ( )        |

| APPLICANT'S BRANC   | H OFFICE ADDRE   | SSES |           |                      |     |   |
|---------------------|--|------|-----------|----------------------|-----|---|
|                     | offices must be reflected states that submit reports n |      | cted here |                      |     |   |
| BRANCH OFFICE PAR   | RTICULARS  |      |           |                      |     |   |
| Branch office name  |  |      |           |                      |     |   |
| Physical address    |  |      |           |                      |     |   |
|                     |  |      |           |                      |     |   |
|                     | Building Address/<br>Complex                           |      |           | Unit/Floor<br>number |     |   |
|                     | Suburb/District  |      |           |                      |     |   |
|                     | City/Town  |      |           | Street code          |     |   |
| Postal address      |  |      |           |                      |     |   |
|                     | Suburb/District  |      |           |                      |     |   |
|                     | City/Town  |      |           | Postal Code          |     |   |
| Contact details     | Business telephone number                              | ( )  |           | Fax<br>number        | (   | ) |
|                     | Business e-mail address                                |      |           |                      |     |   |
|                     | Home telephone number                                  |      |           | Web address          | s   |   |
| Contact person      | Name   |      |           | Surname              |     |   |
| at management level | Designation/<br>Capacity                               |      |           | E-mail addre         | ess |   |
|                     | ID type  |      |           | Citizenship          |     |   |
|                     | Telephone<br>number                                    | ( )  |           | Fax<br>number        | (   | ) |
|                     |  |      | -         |                      | -   | - |

| APPLICANT'S BRANC  | CH OFFICE ADDRE              | SSES |                   |     |  |  |  |  |
|--|------------------------------|------|-------------------|-----|--|--|--|--|
| <ol> <li>Details of all Branch offices must be reflected</li> <li>Details of Head offices that submit reports must also be reflected here</li> </ol> |                              |      |                   |     |  |  |  |  |
| BRANCH OFFICE PARTICULARS  |                              |      |                   |     |  |  |  |  |
| Branch office name   |                              |      |                   |     |  |  |  |  |
| Physical address   |                              |      |                   |     |  |  |  |  |
|  |                              |      |                   |     |  |  |  |  |
|  | Building address/<br>Complex |      | Unit/Floor number |     |  |  |  |  |
|  | Suburb/District              |      |                   |     |  |  |  |  |
|  | City/Town                    |      | Street code       |     |  |  |  |  |
| Postal address   |                              |      |                   |     |  |  |  |  |
|  | Suburb/District              |      |                   |     |  |  |  |  |
|  | City/Town                    |      | Postal code       |     |  |  |  |  |
| Contact details  | Business telephone number    | ( )  | Fax<br>number     | ( ) |  |  |  |  |
|  | Business e-mail address      |      |                   |     |  |  |  |  |
| Contact person   | Name                         |      | Surname           |     |  |  |  |  |
| at management level  | Designation/<br>Capacity     |      | E-mail addres     | s   |  |  |  |  |
|  | ID type                      |      | Citizenship       |     |  |  |  |  |
|  | Telephone<br>number          | ( )  | Fax number        | ( ) |  |  |  |  |

<sup>\*</sup> Please add continuation pages as required

## **VESSEL INFORMATION**

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

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|   |  |  |  |

- \* Container Vessel \* General Cargo Vessel
- \* RO-RO Vessel
- \* Bulk Vessel
- \* Crude Carrier (Tanker)
- \* Liquefied Gas Carrier
- \* Chemical Carrier
- \* Other vessel

# **PORT AUTHORITY – DA 8.02**



| APPLICANT DETAILS   |  |
|---------------------|--|
| Port authority name |  |

| PORT PARTICULARS    |                              |     |                      |  |
|---------------------|------------------------------|-----|----------------------|--|
| Port name           |                              |     |                      |  |
| Physical address    |                              |     |                      |  |
|                     |                              |     |                      |  |
|                     | Building address:<br>Complex |     | Unit/Floor<br>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/<br>Capacity     |     | E-mail address       |  |
|                     | ID type                      |     | Citizenship          |  |
|                     | Telephone<br>number          | ( ) | Fax ( )              |  |

| PORT PARTICULARS    | 3                            |     |                      |     |
|---------------------|------------------------------|-----|----------------------|-----|
| Port name           |                              |     |                      |     |
| Physical address    |                              |     |                      |     |
|                     |                              |     |                      |     |
|                     | Building address:<br>Complex |     | Unit/Floor<br>number |     |
|                     | Suburb/District              |     |                      |     |
|                     | City/Town                    |     | Street code          |     |
| Postal address      |                              |     |                      |     |
|                     | Suburb / District            |     |                      |     |
|                     | City/Town                    |     | <br>Postal code      |     |
| Contact details     | Business telephone number    | ( ) | Fax<br>number        | ( ) |
|                     | Business e-mail address      |     |                      |     |
| Contact person      | Name                         |     | Surname              |     |
| at management level | Designation/<br>Capacity     |     | E-mail addre         | ess |
|                     | ID Type                      |     | Citizenship          |     |
|                     | Telephone<br>number          | ( ) | Fax<br>number        | ( ) |

| PORT PARTICULARS    |                              |   |   |                      |     |   |
|---------------------|------------------------------|---|---|----------------------|-----|---|
| Port name           |                              |   |   |                      |     |   |
| Physical address    |                              |   |   |                      |     |   |
|                     |                              |   |   |                      |     |   |
|                     | Building address:<br>Complex |   |   | Unit/Floor<br>number |     |   |
|                     | Suburb/District              |   |   |                      |     |   |
|                     | City/Town                    |   |   | Street code          | )   |   |
| Postal address      |                              |   |   |                      |     |   |
|                     | Suburb/District              |   |   |                      |     |   |
|                     | City/Town                    |   |   | Postal code          |     |   |
| Contact details     | Business telephone number    | ( | ) | Fax<br>number        | (   | ) |
|                     | Business e-mail address      |   |   |                      |     |   |
| Contact person      | Name                         |   |   | Surname              |     |   |
| at management level | Designation/<br>Capacity     |   |   | E-mail addre         | ess |   |
|                     | ID type                      |   |   | Citizenship          |     |   |
|                     | Telephone<br>number          | ( | ) | Fax<br>number        | (   | ) |

| PORT PARTICULARS    | S                            |     |                      |   |
|---------------------|------------------------------|-----|----------------------|---|
| Port name           |                              |     |                      |   |
| Physical address    |                              |     |                      |   |
|                     | Building address:<br>Complex |     | Unit/Floor<br>number |   |
|                     | Suburb/District              |     | <u> </u>             |   |
|                     | 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/<br>Capacity     |     | E-mail address       |   |
|                     | ID type                      |     | Citizenship          |   |
|                     | Telephone number             | ( ) | Fax number (         | ) |

<sup>\*</sup> Please add continuation pages as required



# **Container Terminal Operator and Wharf Operator – DA 8.03**

| REPORTER TYPE (Indicate in the applicable box by means of an X) |                  |                    |     |  |                             |                      |   |   |
|---|------------------|--------------------|-----|--|-----------------------------|----------------------|---|---|
| Container Terminal Operat                                       |                  |                    |     |  | narf Operator               |                      |   |   |
| CONTAINER TERMINA   | AL OPE           | RATOR              |     |  |                             |                      |   |   |
| Company name  |                  |                    |     |  |                             |                      |   |   |
|   |                  |                    |     |  |                             |                      |   |   |
| CONTAINER TERMINA   | ∤L LOC           | ATIONS             |     |  |                             |                      |   |   |
| Port / Place  |                  |                    |     |  | Terminal name               |                      |   |   |
| SARS facility code  |                  |                    |     |  | Transnet port ter           | rminal code          |   |   |
| Terminal address  |                  |                    |     |  |                             |                      |   |   |
|   | Buildir<br>Compl | ng address:        |     |  |                             | Unit/Floor           |   |   |
|   |                  | b/District         |     |  |                             |                      |   |   |
|   | City/To          |                    |     |  |                             | Street code          |   |   |
| Postal address  |                  |                    | 1   |  |                             |                      |   |   |
|   | Suburl           | b/District         |     |  |                             |                      |   |   |
|   | City/To          | own                |     |  |                             | Postal code          |   |   |
| Contact details   | Busine<br>teleph | ess<br>one number  | ( ) |  |                             | Fax<br>number        | ( | ) |
|   | Busine addres    |                    |     |  |                             |                      |   |   |
| Contact person  | Name             |                    |     |  |                             | Surname              |   |   |
| at management level   | Desigr<br>Capac  | nation/<br>city    |     |  |                             | E-mail address       |   |   |
|   | ID type          | е                  |     |  |                             | Citizenship          |   |   |
|   | Teleph           | none number        | ( ) |  |                             | Fax<br>number.       | ( | ) |
|   |                  |                    |     |  |                             |                      |   |   |
| CONTAINER TERMINA   | AL LOC           | ATIONS             |     |  |                             |                      |   |   |
| Port / Place  |                  |                    |     |  | Terminal name               |                      |   |   |
| SARS facility code  |                  |                    |     |  | Transnet port terminal code |                      |   |   |
| Terminal address  |                  |                    |     |  |                             |                      |   |   |
| Building addre<br>Complex                                       |                  | ng address:<br>lex |     |  |                             | Unit/Floor<br>number |   |   |
|   | Suburl           | b/District         |     |  |                             |                      |   |   |
|   | City/To          | own                |     |  |                             | Street code          |   |   |
| Postal address  |                  |                    |     |  |                             |                      |   |   |
|   | Suburl           | b/District         |     |  |                             |                      |   |   |
|   | City/To          | own                |     |  |                             | Postal code          |   |   |
| Contact details   | Busine<br>teleph | ess<br>one number  | ( ) |  |                             | Fax<br>number        | ( | ) |
|   | Busine addres    |                    |     |  |                             |                      |   |   |
| Contact person  | Nama             |                    |     |  |                             | Surnama              |   |   |

| at management level  | Designation/                               |         |                   | E-mail addre         | ess            |   |  |
|--|--|---------|-------------------|----------------------|----------------|---|--|
|  | Capacity  ID type                          |         |                   | Citizenship          |                |   |  |
|  |  |         |                   | Fax                  |                |   |  |
|  | Telephone number                           | ( )     |                   | number               | (              | ) |  |
| * Please add continuation pa   | ages as required                           |         |                   |                      | <u> </u>       |   |  |
| Will customs and excise  | e transactional docume<br>kept at this loo |         |                   |                      |                |   |  |
|  |  | ustoms: |                   |                      |                |   |  |
| Are the premises already licenced for another licence type including an excise licence No: |  |         |                   |                      |                |   |  |
|  |  |         |                   |                      |                |   |  |
| WHARF OPERATOR   |  |         |                   |                      | <del>-</del>   |   |  |
| Company name   |  |         |                   |                      |                |   |  |
|  |  |         |                   |                      | <del>-</del> - |   |  |
| WHARF LOCATIONS  |  |         |                   |                      |                |   |  |
| Wharf name   |  |         |                   |                      |                |   |  |
| SARS facility code   |  |         | Transnet wharf c  | ode:                 |                |   |  |
| Wharf address  |  |         |                   |                      |                |   |  |
| I  |  |         |                   |                      |                |   |  |
| ı  | Building address:<br>Complex               |         |                   | Unit/Floor<br>number |                |   |  |
|  | Suburb/District                            |         |                   |                      |                |   |  |
|  | City/Town                                  |         |                   | Street code          |                |   |  |
| Postal address   |  |         |                   |                      |                |   |  |
|  | Suburb/District                            |         |                   |                      |                |   |  |
|  | City/Town                                  |         |                   | Postal code          |                |   |  |
| Contact details  | Business telephone number                  | ( )     |                   | Fax<br>number        | (              | ) |  |
|  | Business e-mail address                    |         |                   |                      |                |   |  |
| Contact person   | Name                                       |         |                   | Surname              |                |   |  |
| at management level  | Designation/<br>Capacity                   |         |                   | E-mail addre         | ess            |   |  |
|  | ID type                                    |         |                   | Citizenship          |                |   |  |
|  | Telephone                                  | ( )     |                   | Fax                  | (              | ) |  |
|  | number                                     | ,       |                   | number               | '              | , |  |
|  |  |         |                   |                      |                |   |  |
| WHARF LOCATIONS  |  |         |                   |                      |                |   |  |
| Wharf name   |  |         |                   |                      |                |   |  |
| SARS facility code   |  |         | Transnet wharf of | code                 |                |   |  |
| Wharf address  |  |         |                   |                      |                |   |  |
|  |  |         |                   |                      |                |   |  |
|  | Building address:                          |         |                   | Unit/Floor           |                |   |  |
|  | Complex                                    |         |                   | number               |                |   |  |
| 1  | Suburb/District                            |         |                   | O' ot code           |                |   |  |
| Postal address   | City/Town                                  |         |                   | Street code          |                |   |  |
| Postal address   | Suburb/District                            |         |                   |                      |                |   |  |

Postal code

City/Town

| Contact details  | Business telephone number                   | ( )   |                   |              | Fax<br>number |         |  |  |  |  |
|--|---|---|-------------------|--------------|---------------|---------|--|--|--|--|
|  | Business e-mail address                     |   |                   |              |               |         |  |  |  |  |
| Contact person   | Name  |   |                   |              | Surname       |         |  |  |  |  |
| at management level  | Designation/<br>Capacity                    |   |                   |              | E-mail addre  | ess     |  |  |  |  |
|  | ID type                                     |   |                   |              | Citizenship   |         |  |  |  |  |
|  | Telephone<br>number                         | ( )   |                   |              | Fax<br>number | (       | )                                      |  |  |  |
| * Please add continuation pa                                 | ages as required                            |   |                   |              |               |         |  | ."   |  |  |
| Will customs and excise                                      | transactional docume<br>kept at this lo     |   |                   |              |               |         |  |  |  |  |
| Provide the 2 digit code if previously allocated by Customs: |   |   |                   |              |               |         |  |  |  |  |
| Are the premises already type                                | licenced for another le including an excise | icence Ye                                     | ш                 |              |               |         |  |  |  |  |
|  |   | <u>'</u>                                      |                   |              |               |         |  |  |  |  |
| WHARF TYPE (Indicate   | the type of cargo norr                      | nally handle                                  | d per wharf in th | e applicable | box by means  | s of an | X                                      |  |  |  |
| Port name  | Wharf r<br>allo<br>by Trar                  | number as<br>cated<br>nsnet Port<br>als (TPT) | Break Bulk        | Dry Bulk     |               |         | Combination<br>of Bulk &<br>Break Bulk | Combination<br>of Bulk / Break<br>Bulk &<br>Containerised<br>Cargo |  |  |
|  |   |   | П                 |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |
|  |   |   |                   |              |               |         |  |  |  |  |

<sup>\*</sup> Please add continuation pages as required

# **LICENSED CONTAINER DEPOT – DA 8.04**

| APPLICANT DETAIL | s |
|------------------|---|
| Name of company  |   |

| CONTAINER DEPOT                    | LOCATIONS                 |          |               |          |      |  |
|------------------------------------|---------------------------|----------|---------------|----------|------|--|
| Port / Place                       | De                        | pot name | SARS          | facility | code |  |
| Depot address                      |                           |          | 1             |          | '    |  |
|                                    | Building address: (       | Complex  |               |          |      |  |
|                                    | Suburb/District           |          |               |          |      |  |
|                                    | City/Town                 |          | Street code   |          |      |  |
| Postal address                     |                           |          |               |          |      |  |
|                                    | Suburb/District           |          |               |          |      |  |
|                                    | City/Town                 |          | Postal code   |          |      |  |
| Contact details                    | Business telephone number | ( )      | Fax<br>number | (        | )    |  |
|                                    | Business e-mai address    | I        |               |          |      |  |
| Contact person at management level | Name                      |          | Surname       |          |      |  |
|                                    | Designation/<br>Capacity  |          | E-mail addre  | ess      |      |  |
|                                    | ID type                   |          | Citizenship   |          |      |  |
|                                    | Telephone<br>number       | ( )      | Fax<br>number | (        | )    |  |

| CONTAINER DEPOT LOCATIONS          |                           |            |  |                |              |      |  |  |  |
|------------------------------------|---------------------------|------------|--|----------------|--------------|------|--|--|--|
| Port / Place                       |                           | Depot name |  | SARS           | S facility o | code |  |  |  |
| Depot address                      |                           |            |  | ·              |              |      |  |  |  |
|                                    | Building address: Complex |            |  |                |              |      |  |  |  |
|                                    | Suburb/District           |            |  |                |              |      |  |  |  |
|                                    | City/Town                 |            |  | Street code    |              |      |  |  |  |
| Postal address                     |                           |            |  |                |              |      |  |  |  |
|                                    | Suburb/District           |            |  |                |              |      |  |  |  |
|                                    | City/Town                 |            |  | Postal code    |              |      |  |  |  |
| Contact details                    | Business telephone numl   | ber ( )    |  | Fax<br>number  | (            | )    |  |  |  |
|                                    | Business e-r<br>address   | mail       |  |                |              |      |  |  |  |
| Contact person at management level | Name                      |            |  | Surname        |              |      |  |  |  |
|                                    | Designation/<br>Capacity  |            |  | E-mail address |              |      |  |  |  |
|                                    | ID type                   |            |  | Citizenship    |              |      |  |  |  |

| Telephone<br>number | ( ) | Fax<br>number | ( ) |
|---------------------|-----|---------------|-----|
|---------------------|-----|---------------|-----|

<sup>\*</sup> Please add continuation pages as required