

APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8B

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

RAIL CARGO

- a) Application for registration as a person submitting reporting documents must be done in terms of rule 8.04 read with rule 8.05 of the rules under section 8 of the Customs and excise Act, 1964
- b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations)
- DA 8B.01 must be completed by Carriers / Registered Agents
 - DA 8B.02 must be completed by Railway Authorities
- 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) This application (inclusive of all annexures and attachments) must be completed and physically submitted to: Customs Trader Management - SARS Head Office, Block D, Ground floor, Lehae La SARS, 299 Bronkhorst Street, Nieuw Muckleneuk, Pretoria or a customs and excise office as may be indicated on the SARS website for receipt of such applications

SARS CUSTOMS / EXCISE CLIENT NUMBER

If currently registered / licensed in terms of the Act, please state applicable customs and / or excise client number

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

PURPOSE OF APPLICATION

New registration Update of existing information Notification of cancellation

REPORTER TYPE - Please indicate with an X where applicable

| | |
|---|--|
| Carrier <input type="checkbox"/> | Railway Authority <input type="checkbox"/> |
| Registered Agent <input type="checkbox"/> | |

LOCATION OF APPLICANT

| | | | |
|------------------------|---|-------------------------|---|
| Natural person who is: | | Juristic person that is | |
| Located in the RSA | Yes <input type="checkbox"/> No <input type="checkbox"/> | Located in the RSA | Yes <input type="checkbox"/> No <input type="checkbox"/> |

APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable

| | | | |
|---|---|--|--------------------------------|
| Nature of business (please indicate with X) | Company <input type="checkbox"/> | Close corporation <input type="checkbox"/> | |
| | Sole proprietor / Natural person <input type="checkbox"/> | Other juristic person <input type="checkbox"/> | |
| | Cooperative <input type="checkbox"/> | Organ of state <input type="checkbox"/> | Trust <input type="checkbox"/> |
| Registered name of business (juristic person) or name of natural person | | | |
| Registration number | | | |
| Physical address | Building address / Complex | | Unit/ Floor number |
| | Suburb/ District | | |
| | City/Town | | Street code |
| | Postal address | | |
| Postal address | Suburb/ District | | Postal code |
| | City/Town | | |
| Contact details | Business telephone number () | Fax number () | |
| | Home telephone number | Web Address | |

| | | | |
|---|------------------|----------------|-----|
| | Business address | e-mail | |
| CONTACT PERSON AT MANAGEMENT LEVEL | | | |
| Name | | Surname | |
| Designation/ Capacity | | E-mail address | () |
| ID type | | Citizenship | |
| Telephone number | () | Fax number | () |

| SOUTH AFRICAN BANK ACCOUNT DETAILS | | | | | | | | | | | | |
|--|--|--|--|--|--|---------|--------------------------|----------|--------------------------|---------------|--------------------------|--|
| Bank account number: | | | | | | | | | | | | |
| Mark if you do not have a South African bank account and are using a South African bank account of a third party | | | | | | | | | | | | |
| Branch name: | | | | | | | Branch number: | | | | | |
| Bank name: | | | | | | Cheque: | <input type="checkbox"/> | Savings: | <input type="checkbox"/> | Transmission: | <input type="checkbox"/> | |
| Account holder name: | | | | | | | | | | | | |

| AUTHORISED OFFICER | |
|--|--|
| I / We (name of person(s) authorised to act on behalf of juristic person) - | |
| (1) _____ | ID No. _____ Capacity/ Designation _____ |
| (2) _____ | ID No. _____ Capacity/ Designation _____ |
| being duly authorized thereto by virtue of – | |
| (a) * a resolution passed at a meeting of the Board of Directors held _____ on the _____ day of _____ ccy _____; or | |
| (b) * express consent in writing of all the members of the close corporation; or | |
| (c) * express consent in writing of a person responsible for the management of any other type of juristic person _____ (please state name) | |
| hereby apply for registration to submit reporting documents | |

| DOCUMENTS IN SUPPORT OF APPLICATION |
|---|
| <p>(a) Registration certificate of business – as issued by the Companies and Intellectual Property Commission (CIPC) in respect of the applicant</p> <p>(b) Resolution / consent or authority to act on behalf of the relevant juristic person</p> <p>(c) Identity / Passport documents of</p> <ul style="list-style-type: none"> • 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 <p>(d) DA 185.D in respect of Registered Agent of a carrier not located in the Republic</p> |

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

I for the *Carrier / *Registered Agent / *Railway Authority / 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: | |

DRAFT

RAIL CARRIER / REGISTERED AGENT – DA 8B.01

| CARRIER DETAILS | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Carrier name | | | | | | | | | |
| Carrier code assigned by international body (i.e. Bureau International des Containers (BIC) or Standard Carrier Alpha Code (SCAC) Code, as applicable) | | | | | | | | | |
| If currently licensed with SARS, please state applicable customs and excise client number | | | | | | | | | |

| REGISTERED AGENT DETAILS | | | | | | | | | |
|--|--|--|--|--|--|--|--|---------------|--|
| Agent name | | | | | | | | | |
| If currently registered with SARS, please state applicable customs and excise client number | | | | | | | | | |
| Name(s) of carriers not located in the Republic represented by Registered Agent | | | | | | | | Carrier codes | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |

| APPLICANT'S BRANCH OFFICE ADDRESSES | | | | | | | | | | |
|--|------------------------------|--------|--|--|--|-----------------|------------|--------|--|--|
| 1. Details of all Branch offices must be reflected | | | | | | | | | | |
| 2. Details of Head offices that submit reports must also be reflected here | | | | | | | | | | |
| BRANCH OFFICE PARTICULARS | | | | | | | | | | |
| Branch office name | | | | | | | | | | |
| Physical address | | | | | | | | | | |
| | Building address: Complex | | | | | Unit/ number | Floor | | | |
| | Suburb/ District | | | | | | | | | |
| | City/Town | | | | | Street code | | | | |
| Postal address | | | | | | | | | | |
| | Suburb / District | | | | | | | | | |
| | City/Town | | | | | Postal code | | | | |
| Contact details | Business telephone number | () | | | | | Fax number | () | | |
| | Business -mail address | | | | | | | | | |
| Contact person at management level | Name | | | | | Surname | | | | |
| | Designation/ Capacity | | | | | E-mail address | | | | |
| | ID type | | | | | Citizenship | | | | |
| | Telephone number | () | | | | | Fax number | () | | |

| APPLICANT'S BRANCH OFFICE ADDRESSES | | | | |
|--|---------------------------|-----|----------------|-------|
| 1. Details of all Branch offices must be reflected | | | | |
| 2. Details of Head offices that submit reports must also be reflected here | | | | |
| BRANCH OFFICE PARTICULARS | | | | |
| Branch office name | | | | |
| Physical address | | | | |
| | Building address; Complex | | Unit/ number | Floor |
| | Suburb/ District | | | |
| | City/Town | | Street code | |
| Postal address | | | | |
| | Suburb/ District | | | |
| | City/Town | | Postal code | |
| Contact details | Business telephone No. | () | Fax number | () |
| | Business e-mail address | | | |
| Contact person at management level | Name | | Surname | |
| | Designation / Capacity | | E-mail address | |
| | ID type | | Citizenship | |
| | Telephone number | () | Fax number | () |

| APPLICANT'S BRANCH OFFICE ADDRESSES | | | | |
|--|----------------------------|-----|----------------|-------|
| 1. Details of all Branch offices must be reflected | | | | |
| 2. Details of Head offices that submit reports must also be reflected here | | | | |
| BRANCH OFFICE PARTICULARS | | | | |
| Branch office name | | | | |
| Physical address | | | | |
| | Building Address / Complex | | Unit / number | Floor |
| | 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 | | Citizenship | |
| | Telephone number | () | Fax number | () |

* Please add continuation pages as required

RAILWAY AUTHORITY – DA 8B.02

| APPLICANT DETAILS | |
|------------------------|--|
| Railway authority name | |

| RAIL STATION PARTICULARS | | | | | |
|------------------------------------|----------------------------|----------------------------|---------------------|--------------------|--|
| Railway station / Siding name | | Rail station / Siding code | | SARS facility 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 at management level | Name | | Surname | | |
| | Designation / Capacity | | E-mail Address | | |
| | ID type | | Citizenship | | |
| | Telephone number | () | Fax number | () | |

| RAIL STATION PARTICULARS | | | | | |
|-------------------------------|----------------------------|----------------------------|---------------------|--------------------|--|
| Railway station / Siding name | | Rail station / Siding code | | SARS facility 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 at management level | Name | | Surname | |
| | Designation / Capacity | | E-mail address | |
| | ID type | | Citizenship | |
| | Telephone number | () | Fax number | () |

* Please add continuation pages as required

| RAIL TERMINAL PARTICULARS | | | | |
|---------------------------------------|-------------------------------|-----------------------|------------------------|-----------------------|
| Railway terminal name | | Rail terminal code | | SARS facility code |
| Physical address | | | | |
| | | | | |
| | Building address / Complex | | Unit / Floor number | |
| | Suburb / District | | | |
| Postal address | City/Town | | Street code | |
| | | | | |
| | Suburb / District | | | |
| Contact details | City/Town | | Postal code | |
| | Business telephone number | () | Fax number | () |
| | Business e-mail address | | | |
| Contact person at management level | Name | | Surname | |
| | Designation / Capacity | | E-mail address | |
| | ID type | | Citizenship | |
| | Telephone number | () | Fax number | () |

| RAIL TERMINAL PARTICULARS | | | | |
|---------------------------|-------------------------------|--------------|------------------------|-----------------------|
| Railway terminal name | | Rail code | terminal | SARS facility code |
| Physical address | | | | |
| | | | | |
| | Building address / Complex | | Unit / Floor number | |
| | Suburb / District | | | |
| Postal address | City/Town | | Street code | |
| | | | | |
| | Suburb / District | | | |
| Contact details | City/Town | | Postal code | |
| | Business telephone number | () | Fax number | () |

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

* Please add continuation pages as required

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