



**LICENSING CLIENT TYPE 4B8 – SPECIAL AD VALOREM MANUFACTURING WAREHOUSE**

**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 Block 5 of the application form (DA 185).

Trade name of business:	
Customs Client Number (if already registered):	
Physical address: Street name and number:	
Building name and floor number:	
Suburb:	
City/Town:	
Street code:	

**Authority to apply:**  
 I/We,  
 .....  
 (name of applicant)  
 herein represented by:  
 (1) ..... (2) .....  
 (Capacity) (Capacity)  
 being duly authorised thereto by virtue of –  
 (a) \*a resolution passed at a meeting of the Board of Directors, held at .....  
 on the ..... day of ..... (CCYY) .....; or  
 (b) \*express consent in writing of all the members of the close corporation /\* partners of the partnership /\*  
 trustees of the trust; or  
 (c) \* being a person having the management of any other association; or  
 (d) \* delegated officer of an organ of state,  
 hereby apply for the licensing of a Special Ad Valorem Manufacturing Warehouse

**Warehouse Particulars:**

(a) Please indicate with an X whether the warehouse will also be utilised as follows:	Distribution Point	<input type="checkbox"/>
	Factory Shop / Staff Shop	<input type="checkbox"/>
	Other	<input type="checkbox"/>

(b) Please state the tariff item(s), tariff heading(s) and tariff subheading(s), and article description pertaining to the goods (dutiable and non-dutiable, including gift packs, samples and testers) that will be manufactured or stored in the warehouse.

Tariff item(s)	Tariff heading(s)	Tariff subheading(s)	Article description
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			

*Continues overleaf*

<b>Business History:</b>			
(a) Has the business been exempted from payment of ad valorem excise duty in terms of rule 36A.03 before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate:			
<b>Calendar years</b>		<b>Value for Duty Purposes</b>	
(b) Has the business been liquidated or sold under previous ownership with or without liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate:			
<b>Business Particulars:</b>			
(a) Brief description of manufacturing process (continuation sheet may be attached to this form):			
(b) Are the goods subject to ad valorem excise duty manufactured by the applicant under special contracts with particular purchasers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete below (continuation sheet may be attached to this form):			
<b>Article</b>	<b>Owner of material</b>	<b>Basis of Contract</b>	<b>Name of Purchaser</b>
(c) Are the goods subject to ad valorem excise duty manufactured on behalf of the applicant from material owned by him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete below (continuation sheet may be attached to this form):			
<b>Article</b>	<b>Basis of Contract</b>	<b>Manufacturer</b>	
(d) If goods are manufactured for/by the licensee under the conditions mentioned in (d) and (e) please specify goods manufactured for own sale			
<b>Tariff Heading</b>		<b>Article, including brand names</b>	
(e) Is the applicant involved with a joint licensee in terms of 36A(2)(b)(i) and (ii), and section 44A of the Customs and Excise Act, 1964 <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete below:			
<b>Name, including Trade Name</b>		<b>VS</b>	

*Continues overleaf*

<b>Declaration:</b>	
I hereby -	
(a) <b>declare</b> that the particulars in the application and all enclosures are true and correct; and	
(b) <b>undertake</b> to -	
(i) inform the South African Revenue Service immediately of any changes in the particulars furnished in the application;	
(ii) comply with the customs and excise laws and procedures.	
(c) The <b>date of quarterly closing of accounts</b> is:	YY   MM   DD
.....	
(Initials and Surname)	(Status / Capacity, e.g. Director)
.....	
(Signature)	(Date & Place)
In case of emergency, please contact:	Tel: Capacity:

FOR OFFICIAL USE												
Type of Warehouse:	VS											
Warehouse Number:												
Licence Number:												
Licence Date:												
District Office:												