

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
- b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations):
- DA 8.01 must be completed by Carriers / Registered Agents and Clearing Agents
 - DA 8.02 must be completed by Port Authorities
 - DA 8.03 must be completed by Container Terminal Operators and Wharf Operators
 - DA 8.04 must be completed by Container Depot Licensees
- 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
- e) In the case of submission in paper format, please complete the application and physically submit to a customs and excise office as 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

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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"/>	Registered Agent	<input type="checkbox"/>
* Clearing Agent	<input type="checkbox"/>	Container Terminal Operator	<input type="checkbox"/>
Port Authority	<input type="checkbox"/>	Container Depot Licensee	<input type="checkbox"/>
Wharf Operator	<input type="checkbox"/>		

** The definition of "Clearing Agent" in the rules includes all persons who arrange on behalf of other persons for reward the receipt, delivery or transport of goods imported into or to be exported from the Republic. This includes Non-Vessel Operating Common Carriers (NVOCC's), Freight Forwarders and Groupage Agents*

LOCATION OF APPLICANT

Natural person who is:

Juristic person that is:

Located in the RSA

Yes

No

Located in the RSA

Yes

No

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/ number	Floor
	Building name			
	Street name and number		Street code	

	Suburb/District			
	City/Town			
Postal address	Suburb/ District			
	City/Town		Postal Code	
Contact details	Business telephone number	()	Fax number	()
	Home telephone number	()		
	Business e-mail address			
	Web Address			

CONTACT PERSON AT MANAGEMENT LEVEL

Name		Surname	
ID type			
Citizenship			
Designation/ Capacity		E-mail address	()
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 on behalf of the applicant for registration to submit reporting 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*

Initials and surname:		I.D. number:	
Capacity/Designation (Director, etc):		Signature:	
Place:		Date:	

CARRIER / REGISTERED AGENT OR CLEARING AGENT– DA 8.01

REPORTER TYPE <i>(Indicate in the applicable box by means of an X)</i>			
Carrier <input type="checkbox"/>	Clearing Agent <input type="checkbox"/>		
Registered Agent <input type="checkbox"/>			

CARRIER DETAILS									
Carrier name									
Carrier code assigned by international body (i.e. Bureau International des Containers (BIC) or Standard Carrier Alpha Code (SCAC), 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.									

CLEARING AGENT DETAILS									
Clearing agent name									
Please state applicable customs and excise client 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/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									
Web address									

Contact person at management level	Name		Surname	
	ID type		Citizenship	
	Designation / Capacity		E-mail address	
	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/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			
	Home telephone number		Web 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/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

APPLICANT DETAILS	
Port authority name	

PORT PARTICULARS			
Port name			
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 ()

PORT PARTICULARS			
Port name			
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 ()

PORT PARTICULARS				
Port name				
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	()

PORT PARTICULARS				
Port name				
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

Container Terminal Operator and Wharf Operator – DA 8.03

REPORTER TYPE <i>(Indicate in the applicable box by means of an X)</i>	
Container Terminal Operator <input type="checkbox"/>	Wharf Operator <input type="checkbox"/>

CONTAINER TERMINAL OPERATOR	
Company name	

CONTAINER TERMINAL LOCATIONS					
Port / Place		Terminal name			
SARS facility code		Transnet port terminal code			
Terminal 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.	()	

CONTAINER TERMINAL LOCATIONS					
Port / Place		Terminal name			
SARS facility code		Transnet port terminal code			
Terminal 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	Name		Surname		

at management level	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	()	Fax number	()

* Please add continuation pages as required

Will customs and excise transactional documents be kept at this location:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Provide the 2 digit code if previously allocated by Customs:	
Are the premises already licenced for another licence type including an excise licence	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

WHARF OPERATOR	
Company name	

WHARF LOCATIONS					
Wharf name					
SARS facility code		Transnet wharf code			
Wharf address					
	Building address: Complex		Unit/Floor number		
	Suburb/District				
	City/Town		Street code		
Postal address					
	Suburb/District			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	()	

WHARF LOCATIONS					
Wharf name					
SARS facility code		Transnet wharf code			
Wharf address					
	Building address: Complex		Unit/Floor number		
	Suburb/District				
	City/Town		Street code		
Postal address					
	Suburb/District			Postal code	
	City/Town			Postal code	

LICENSED CONTAINER DEPOT – DA 8.04

APPLICANT DETAILS	
Name of company	

CONTAINER DEPOT LOCATIONS							
Port / Place		Depot name		SARS facility code			
Depot address	Building address: Complex						
	Suburb/District						
	City/Town		Street code				
	Postal address						
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	()			

CONTAINER DEPOT LOCATIONS							
Port / Place		Depot name		SARS facility code			
Depot address	Building address: Complex						
	Suburb/District						
	City/Town		Street code				
	Postal address						
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	()
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** Please add continuation pages as required*