



South African Revenue Service

AIR PASSENGER TAX

Agent's Application for Registration / Cancellation or Changing of Registered Particulars

APT101

Refer to instructions and information before filling this form

Application purpose:

New ☐

Change ☐

Cancel ☐

Cancellation Date
(CCYYMMDD)

Agent's Particulars

Part 1: For Office Use Only

Agent's Code (if applicable)

Nature of Agent

Individual ☐

Company / Close Corporation ☐

Trust ☐

Partnership ☐

Estate / Liquidation ☐

Particulars of Individual

Surname

First Two
Names

Trading
Name

Initials

Date of Birth
(CCYYMMDD)

ID No.

Passpor /
Permit No.

Country where
Passport was issued

Passport / Permit
Issue Date (CCYYMMDD)

Country of Tax Residence

Taxpayer Reference No.

VAT Registration No.

SDL Reference No.

PAYE Reference No.

Individual Contact Details

Email

Cell No.

Business Tel No.

Physical Address Details

Unit No.

Complex
(if applicable)

Street No.

Street / Farm
Name

Suburb /
District

City / Town

Country Code

Postal Code

Postal Address Details

Mark here with an "X" if same as above or complete your Postal Address. ☐ Is your Postal Address a Street Address? Y ☐ N ☐

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)

PO Box ☐ Private Bag ☐ Other PO Special Number

Post Office Country Code

Postal Code

Unit No. Complex (if applicable)

Street No. Street / Farm Name

Suburb / District

City / Town Country Code

Postal Code

Contact Person - Individual (Particulars of person who can be contacted regarding this registration)

Particulars of Contact Person - Individual

Surname

First Two Names

Trading Name

Initials Date of Birth (CCYYMMDD) ID No. Passpor / Permit No.

Country where Passport was issued Passport / Permit Issue Date (CCYYMMDD) Country of Tax Residence Taxpayer Reference No.

VAT Registration No. SDL Reference No. PAYE Reference No.

Contact Details - Contact Person : Individual

Email

Cell No. Business Tel No.

Particulars of Company / Close Corporation

Registered Name	<input type="text"/>		
Trading Name	<input type="text"/>		
Company / CC Registration No.	<input type="text"/>	Public Officers Name	<input type="text"/>
Taxpayer Reference No.	<input type="text"/>		

Company / Close Corporation Contact Details

Email	<input type="text"/>		
Cell No.	<input type="text"/>	Business Tel No.	<input type="text"/>

Physical Address Details

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>	
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>	
Suburb / District	<input type="text"/>			
City / Town	<input type="text"/>			
Country Code	<input type="text"/>	Postal Code	<input type="text"/>	

Postal Address Details

Mark here with an "X" if same as above or complete your Postal Address.		<input type="checkbox"/>	Is your Postal Address a Street Address?		Y <input type="checkbox"/>	N <input type="checkbox"/>	
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)		<input type="text"/>					
PO Box	<input type="checkbox"/>	Private Bag	<input type="checkbox"/>	Other PO Special	<input type="text"/>	Number	<input type="text"/>
Post Office	<input type="text"/>				Country Code	<input type="text"/>	
Postal Code	<input type="text"/>						

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>	Country Code	<input type="text"/>
Postal Code	<input type="text"/>		

Company Contact Person (Particulars of person who can be contacted regarding this registration)

Particulars of Contact Person - Company / Close Corporation

Surname	<input type="text"/>						
First Two Names	<input type="text"/>						
Trading Name	<input type="text"/>						
Initials	<input type="text"/>	Date of Birth (CCYYMMDD)	<input type="text"/>	ID No.	<input type="text"/>	Passpor / Permit No.	<input type="text"/>
Country where Passport was issued	<input type="text"/>	Passport / Permit Issue Date (CCYYMMDD)	<input type="text"/>	Country of Tax Residence	<input type="text"/>	Taxpayer Reference No.	<input type="text"/>
VAT Registration No.	<input type="text"/>	SDL Reference No.	<input type="text"/>	PAYE Reference No.	<input type="text"/>		

Contact Details - Contact Person (For Company / Closed Corporation)

Email	<input type="text"/>	
Cell No.	<input type="text"/>	Business Tel No. <input type="text"/>

Particulars of Trust

Registered Name	<input type="text"/>	
Trading Name	<input type="text"/>	
Trust Registration No.	<input type="text"/>	Public Officer's Name <input type="text"/>
Taxpayer Reference No.	<input type="text"/>	

Trust Contact Details

Email	<input type="text"/>	
Cell No.	<input type="text"/>	Business Tel No. <input type="text"/>

Physical Address Details

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>		
Country Code	<input type="text"/>	Postal Code	<input type="text"/>

Postal Address Details

Mark here with an "X" if same as above or complete your Postal Address. ☐ Is your Postal Address a Street Address? Y ☐ N ☐

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)	<input type="text"/>		
PO Box <input type="checkbox"/>	Private Bag <input type="checkbox"/>	Other PO Special <input type="checkbox"/>	Number <input type="text"/>
Post Office <input type="text"/>	Country Code <input type="text"/>		
Postal Code <input type="text"/>			
Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>	Country Code	<input type="text"/>
Postal Code	<input type="text"/>		

Trust Contact Person (Particulars of person who can be contacted regarding this registration)

Particulars of Contact Person - Trust

Surname	<input type="text"/>						
First Two Names	<input type="text"/>						
Trading Name	<input type="text"/>						
Initials	<input type="text"/>	Date of Birth (CCYYMMDD)	<input type="text"/>	ID No.	<input type="text"/>	Passpor /t Permit No.	<input type="text"/>
Country where Passport was issued	<input type="text"/>	Passport / Permit Issue Date (CCYYMMDD)	<input type="text"/>	Country of Tax Residence	<input type="text"/>	Taxpayer Reference No.	<input type="text"/>
VAT Registration No.	<input type="text"/>	SDL Reference No.	<input type="text"/>	PAYE Reference No.	<input type="text"/>		

Contact Details - Contact Person (For Company / Closed Corporation)

Email	<input type="text"/>	
Cell No.	<input type="text"/>	Business Tel No. <input type="text"/>

Particulars of Partnership

Registered Name	<input type="text"/>	
Trading Name	<input type="text"/>	
Partnership Registration No.	<input type="text"/>	Public Officer's Name <input type="text"/>
Taxpayer Reference No.	<input type="text"/>	

Partnership Contact Details

Email	<input type="text"/>	
Cell No.	<input type="text"/>	Business Tel No. <input type="text"/>

Physical Address Details

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>		
Country Code	<input type="text"/>	Postal Code	<input type="text"/>

Postal Address Details

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Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)

PO Box ☐ Private Bag ☐ Other PO Special Number

Post Office Country Code

Postal Code

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
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Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
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Suburb / District	<input type="text"/>
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City / Town	<input type="text"/>	Country Code	<input type="text"/>
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Postal Code

Partnership Contact Person (Particulars of person who can be contacted regarding this registration)

Particulars of Contact Person - Partnership

Surname	<input type="text"/>						
First Two Names	<input type="text"/>						
Trading Name	<input type="text"/>						
Initials	<input type="text"/>	Date of Birth (CCYYMMDD)	<input type="text"/>	ID No.	<input type="text"/>	Passpor /t Permit No.	<input type="text"/>
Country where Passport was issued	<input type="text"/>	Passport / Permit Issue Date (CCYYMMDD)	<input type="text"/>	Country of Tax Residence	<input type="text"/>	Taxpayer Reference No.	<input type="text"/>
VAT Registration No.	<input type="text"/>	SDL Reference No.	<input type="text"/>	PAYE Reference No.	<input type="text"/>		

Contact Details - Contact Person (For Partnership)

Email	<input type="text"/>	
Cell No.	<input type="text"/>	Business Tel No. <input type="text"/>

Particulars of Estate / Liquidation

Registered Name	<input type="text"/>	
Trading Name	<input type="text"/>	
Estate / Liquidation Registration No.	<input type="text"/>	Public Officer's Name <input type="text"/>
Taxpayer Reference No.	<input type="text"/>	

Estate / Liquidation Contact Details

Email	<input type="text"/>	
Cell No.	<input type="text"/>	Business Tel No. <input type="text"/>

Physical Address Details

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
Suburb / District	<input type="text"/>		
City / Town	<input type="text"/>		
Country Code	<input type="text"/>	Postal Code	<input type="text"/>

Postal Address Details

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Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)

PO Box ☐ Private Bag ☐ Other PO Special Number

Post Office Country Code

Postal Code

Unit No.	<input type="text"/>	Complex (if applicable)	<input type="text"/>
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Street No.	<input type="text"/>	Street / Farm Name	<input type="text"/>
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Suburb / District	<input type="text"/>
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City / Town	<input type="text"/>	Country Code	<input type="text"/>
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Postal Code

Estate / Liquidation Contact Person (Particulars of person who can be contacted regarding this registration)

Particulars of Contact Person - Estate / Liquidation

Surname										
First Two Names										
Trading Name										
Initials		Date of Birth (CCYYMMDD)		ID No.		Passpor / Permit No.				
Country where Passport was issued		Passport / Permit Issue Date (CCYYMMDD)		Country of Tax Residence		Taxpayer Reference No.				
VAT Registration No.				SDL Reference No.			PAYE Reference No.			

Contact Details - Contact Person (For Estate / Liquidation)

Email										
Cell No.				Business Tel No.						

Part 3: Particulars of Bank Account of Agent for Refund Purposes Only (Must be a South African Bank)

Particulars of Account Holder - Individual

Surname	<input type="text"/>		
First Two Names	<input type="text"/>		
Trading Name	<input type="text"/>		
Bank Name	<input type="text"/>		
Type of Account:	Current	<input type="checkbox"/>	Savings
		<input type="checkbox"/>	Transmission
		<input type="checkbox"/>	
Branch No.	<input type="text"/>	Account No.	<input type="text"/>

Part 4: Particulars of Three Main Partners / Shareholders / Members / Trustees (Not to be supplied in case of listed companies)

Particulars of Main Partner / Shareholder / Member / Trustee (Not to be supplied in case of listed companies)

Surname							
First Two Names							
Trading Name							
Initials		Date of Birth (CCYYMMDD)		ID No.		Passpor / Permit No.	

Physical Address Details

Unit No.		Complex (if applicable)			
Street No.		Street / Farm Name			
Suburb / District					
City / Town					
Country Code			Postal Code		

Postal Address Details

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Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)

PO Box ☐ Private Bag ☐ Other PO
Special Number

Post Office Country Code

Postal Code

Unit No.		Complex (if applicable)	
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Street No.		Street / Farm Name	
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Suburb / District			
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City / Town		Country Code	
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Postal Code

FV

NO

Declaration by Registrant

I declare that:

I am a person duly authorised to make this application and that all information supplied, including annexures, is true and correct.

Date
(CCYYMMDD)

For enquiries go to www.sars.gov.za or
call 0800 00 SARS (7277)

XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX

Please ensure you sign over
the 2 lines of "X"s above

NOTES

General

1. Use capital letters and where applicable mark with an X
2. The enterprise's current Agent's code must be utilised.
3. The Agent's code must always be quoted in all correspondence and interviews.
4. If the enterprise does not currently have a Agent's code, such number will be allocated upon registration for Air Passenger Tax.
5. The declaration part of this form must always be completed and signed by the registrant.
6. Air Passenger Tax is levied in terms of section 47B of the Customs and Excise Act, no 91 of 1964 as amended. The Commissioner of SARS through the branch office, OR Tambo International Airport, will administer this tax. Any enquiries regarding this application and/ or Air Passenger Tax must be addressed to this office.
7. In terms of the Air Passenger Tax legislation an operator may register for Air Passenger Tax or can appoint an agent to act on his behalf.

New registration

1. If an agent applies for registration this application APT101 must be filled in.
2. If an agent applies for registration in respect of more than one operator, separate APT102 forms must be filled in, in respect of each operator.
3. Photocopies of APT102 forms are acceptable for additional operator registrations.

Changing of registered particulars

1. If an agent applies for registration this application APT101 must be filled in.
2. If an agent applies for registration in respect of more than one operator, separate APT102 forms must be filled in, in respect of each operator.
3. Photocopies of APT102 forms are acceptable for additional operator registrations.

Cancellation

1. When applying for cancellation of an agent the Agent's code and name of the agent must be supplied on An APT101 form.
2. When applying for cancellation of an operator the Operator's code and name of the operator must be supplied on an APT102 form.
3. The cancellation date is the date on which the agent / operator ceases to trade.
4. A notice of cancellation will be issued once an agent / operator is cancelled.