

APPLICATION FOR REGISTRATION TO SUBMIT REPORTS - 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 Act.
- 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.

SARS CUSTOMS CODE

If currently registered / licensed with SARS, please state applicable customs code

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PURPOSE OF APPLICATION

New registration	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Cancellation	<input type="checkbox"/>
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REPORTER TYPE - Please indicate with an X where applicable

Carrier / Registered Agent	<input type="checkbox"/>	Railway Authority	<input type="checkbox"/>
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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	<input type="checkbox"/>	Other Juristic Person Specify:	<input type="checkbox"/>
Registered Name of Business				
Registration Number				
Physical Address				
	Building Name			Floor No.
	Suburb			
	City/Town			Postal Code
Postal Address				
	Suburb			
	City/Town			Fax No. ()
Contact Details	Telephone No. ()			Fax No. ()
	E-mail Address			

CONTACT PERSON AT MANAGEMENT LEVEL

Name		Surname	
Designation		E-mail Address	()
Telephone No. ()		Fax No.	()

AUTHORITY TO ACT ON BEHALF OF JURISTIC PERSON

I / We (name of person(s) authorised to act on behalf of juristic entity) -

(1) _____ ID No. _____ Capacity _____

(2) _____ ID No. _____ Capacity _____

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 reports

THE UNDER-MENTIONED ORIGINAL DOCUMENTS OR CERTIFIED COPIES THEREOF MUST ACCOMPANY THE APPLICATION, AS MAY BE APPLICABLE IN THE CIRCUMSTANCES:

(a) Registration certificate of business – As issued by the Registrar of Companies in respect of the applicant

(b) Resolution / consent or authority to act on behalf of the relevant 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 legal person - the person responsible for the management of the juristic person

(d) Letter of appointment as Registered Agent of a carrier not located in the Republic

DECLARATION

I for the *Carrier / *Registered Agent / *Railway Authority / hereby-

- a) apply to be registered for the purpose of submitting reports;
- b) declare that the particulars in this application, the attached annexures and all attachments are true and correct; and
- c) undertake to inform the South African Revenue Service immediately of any changes in the particulars furnished.

* Delete whichever is not applicable

Initials and Surname:		I.D. Number:	
Capacity (Director, etc):		Signature:	
Place:		Date:	

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 code									

REGISTERED AGENT DETAILS									
Agent Name									
If currently registered with SARS, please state applicable customs code									
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 Name					Floor No.			
	Suburb								
	City/Town					Postal Code			
Postal Address									
	Suburb								
	City/Town					Postal Code			
Contact details	Telephone No.	()				Fax No.	()		
	E-mail Address								
Contact Person at Management level	Name					Surname			
	Designation					E-mail Address			
	Telephone No.	()				Fax No.	()		

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BRANCH OFFICE PARTICULARS				
Branch Office Name				
Physical Address				
	Building Name		Floor No.	
	Suburb			
	City/Town		Postal Code	
Postal Address				
	Suburb			
	City/Town		Postal Code	
Contact details	Telephone No.	()	Fax No.	()
	E-mail Address			
Contact Person at Management level	Name		Surname	
	Designation		E-mail Address	
	Telephone No.	()	Fax No.	()

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Branch Office Name				
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	Suburb			
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Postal Address				
	Suburb			
	City/Town		Postal Code	
Contact details	Telephone No.	()	Fax No.	()
	E-mail Address			
Contact Person at Management level	Name		Surname	
	Designation		E-mail Address	
	Telephone No.	()	Fax No.	()

* 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 Name			Floor No.	
	Suburb				
	City/Town			Postal Code	
Postal Address	Suburb				
	City/Town			Postal Code	
Contact details	Telephone No.	()	Fax No.	()	
	E-mail Address				
Contact Person at Management level	Name			Surname	
	Designation			E-mail Address	
	Telephone No.	()	Fax No.	()	

RAIL STATION PARTICULARS					
Railway Station / Siding Name		Rail Station / Siding Code		SARS Facility Code	
Physical Address					
	Building Name			Floor No.	
	Suburb				
	City/Town			Postal Code	
Postal Address	Suburb				
	City/Town			Postal Code	
Contact details	Telephone No.	()	Fax No.	()	
	E-mail Address				
Contact Person at Management level	Name			Surname	
	Designation			E-mail Address	
	Telephone No.	()	Fax No.	()	

* Please add continuation pages as required

RAIL TERMINAL PARTICULARS					
Railway Terminal Name		Rail Terminal Code		SARS Facility Code	
Physical Address					
	Building Name		Floor No.		
	Suburb				
	City/Town		Postal Code		
Postal Address					
	Suburb				
	City/Town		Postal Code		
Contact details	Telephone No.	()	Fax No.	()	
	E-mail Address				
Contact Person at Management level	Name		Surname		
	Designation		E-mail Address		
	Telephone No.	()	Fax No.	()	

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Railway Terminal Name		Rail Terminal Code		SARS Facility Code	
Physical Address					
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