

5: ANNEXURES (continued)					
DA 185 4A6	Electronic Communication with SARS – (Section 101A and the rules thereto)	<input type="checkbox"/>	DA 185 4B10	Manufacturing Warehouse (Customs Controlled Area Enterprise) – (Sections 19A, 21A, 27 and Rule 21A.10)	<input type="checkbox"/>
DA 185 4A7 & Form DA 46A.02	Producer for SADC, SADC-EPA, SACU/EFTA, SACU/MERCOSUR and GSP – (rule 59A.01, rules 49A, 49B, 49D, 49E and 46A2.18)	<input type="checkbox"/>			<input type="checkbox"/>
DA 185 4A8	Commercial manufacturer of biodiesel – (Section 37B and rule 37B.02(b))	<input type="checkbox"/>			<input type="checkbox"/>
DA 185 4A9	Non-commercial manufacturer of biodiesel – (Section 37B and rule 37B.02(a))	<input type="checkbox"/>	DA 185 4B11	Distillation of spirits by an agricultural distiller	<input type="checkbox"/>
DA 185 4A10	Manufacturer in terms of drawback items 501.00 to 521.00 (Note 2(a) to Part 1 of Schedule No. 5)	<input type="checkbox"/>	DA 185 4B12	To own, possess or keep stills	<input type="checkbox"/>
DA185 4A11	Special Economic Zone Operator and/or designation of a Customs Controlled Area (CCA) – (Sections 21A and Rule 21A.04)	<input type="checkbox"/>	DA 185 4B13	To manufacture or import stills for sale or to repair stills for reward	<input type="checkbox"/>
DA 185 4A12	Electricity Producer – (Section 59A and Rule 54FA.04)	<input type="checkbox"/>	DA 185 C	Security Particulars	<input type="checkbox"/>
DA 185 4A13	Registered Agent	<input type="checkbox"/>	DA 185 D	Nomination of registered agent by foreign principal	<input type="checkbox"/>
DA 185 4A14	Registered Still	<input type="checkbox"/>			
DA 185 4A15	Manufacture of excisable goods solely for own use by the manufacturer	<input type="checkbox"/>			
DA 185 4A16	Non-commercial manufacturer of sugary beverages (Section 59A and Rule 54I.03)	<input type="checkbox"/>			

6: BUSINESS / PERSON PARTICULARS							
Registered name of business or name of applicant:							
Business address: Street name and number:							
Building name and floor number:							
Suburb:							
City/Town:						Street code:	
Postal address:							
Suburb:							
City/Town:						Postal code:	
Business Telephone (Including code):		Code: ()	Tel. ()	Fax number (Including code):		Code: ()	Fax. ()
:Cellular phone number:						Business e-mail address:	

7: SOUTH AFRICAN BANK ACCOUNT DETAILS																					
Mark if you do not have a local savings or cheque account											<input type="checkbox"/>	Account No:									
Branch Name:						Branch No:															
Bank Name:						Cheque:		<input type="checkbox"/>	Savings:		<input type="checkbox"/>	Transmission:		<input type="checkbox"/>							
Account Holder Name:																					

8. SARS REVENUE IDENTIFICATION NUMBERS (if applicable)																						
i. VAT Registration Number:	4											ii. Income Tax Reference Number:										
iii. PAYE Reference Number:	7											iv. SDL Reference Number:	L									
v. UIF Reference Number:	U																					

9. NATURE OF BUSINESS											
Company		Close Corporation		Trust		Sole Proprietor / Individual		Partnership			
Co-op		Public Authority		Foreign Individual		Foreign / External Company		Sole Proprietor			
Company / Close Corporation / Trust* Registration Number:											

10. PARTICULARS OF SOLE PROPRIETOR / INDIVIDUAL / DIRECTORS AND / OR PARTNERS														
i. Initials:					First Name/s:									
Surname:														
Capacity:														
ID / Passport No:												Passport Country (e.g. South Africa = ZAF)		
ii. Initials:					First Name/s:									
Surname:														
Capacity:														
ID / Passport No:												Passport Country (e.g. South Africa = ZAF)		
iii. Initials:					First Name/s:									
Surname:														
Capacity:														
ID / Passport No:												Passport Country (e.g. South Africa = ZAF)		

11. PUBLIC OFFICER / REPRESENTATIVE												
Surname:												
First Name:												
Telephone (including code):	Code: (____)	Tel. (____)	Fax number (including code):	Code: (____)	Fax: (____)							
E-mail address:							Cellular Phone Number:	(____)				
Public Officer:	<input type="checkbox"/>	Curator/Trustee:	<input type="checkbox"/>	Partner:	<input type="checkbox"/>	Accounting officer / Treasurer / Financial Officer:	<input type="checkbox"/>	Other, please specify:				

12. INFORMATION REGARDING CONTRAVENTIONS AND OTHER MATTERS												
Please indicate whether during the preceding five years, any person contemplated in the rules for section 59A or 60:-												
(a) Has contravened or failed to comply with the provisions of the Act.	Yes:		No:									
(b) Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner.	Yes:		No:									
(c) Has been convicted of any offence under the Act.	Yes:		No:									
(d) Has been convicted of any offence involving dishonesty.	Yes:		No:									
(e) Has made any false or misleading statement in any material respect or omitted to state any material fact which was required to be stated in any application for registration or for any other purpose under the Act.	Yes:		No:									
(f) Has ever been insolvent or in liquidation.	Yes:		No:									
Note: • If the answer is "yes" to any of the above questions, full details must be furnished on a separate page and attached to the application. • Any applicant may, where it is contended in respect of paragraphs (a) and (b) that the contravention or failure was inadvertent, without fraudulent intent or gross negligence, a submission to this effect should be furnished on a separate page and attached to the application.												

13. DOCUMENTS IN SUPPORT OF APPLICATION
<p>The following information / documents not older than 3 months must be submitted with this application form.</p> <p>Natural person or juristic person located in the RSA</p> <ul style="list-style-type: none"> • One of the following documents to prove bank details i.e. the account holder's name, bank account number and bank branch code: <ul style="list-style-type: none"> - An original bank statement or a legible certified copy of an original bank statement; - An original letter from the bank; or - An original auto bank statement. • Original or certified copies of the following documents (whichever is relevant): <ul style="list-style-type: none"> - Registration certificate of business (as issued by the Companies and Intellectual Property Commission or Master of the Supreme Court in the case of a Trust); - Resolution/consent or other authority to apply, as applicable; - Municipal account to confirm the address details; - Detailed site plan in the case of a warehouse or a rebate store; - Agency Contract between agent and foreign principal; - DA 185.D to prove nomination by a foreign principal in the case of an application for a registered agent; - VAT, IT, PAYE, SDL, UIF letters from SARS to confirm revenue registration details; - A fixed telephone line operator's and/or cell phone account to confirm contact details; - In the case of Annexures DA 185.4B9 and DA 185.4B10, a letter to the applicant signed by the SEZ Operator on his or her own letter-headed paper approving the allocation of land in the CCA; - Identity/passport documents of – <ul style="list-style-type: none"> - Individual - Partnership, Close Corporation and Trust (All Members / Partners / Trustees) - Company (All Directors, including Managing Director and Financial Director) - Court order in the case of an emancipated minor • Any other information as the Commissioner for SARS may require. <p>Natural person or juristic person not located in the RSA</p> <ul style="list-style-type: none"> • Original or certified copies of the following documents (whichever is relevant): <ul style="list-style-type: none"> - Agency Contract between applicant and agent (with an established place of business in the RSA) other than clearing agent; - VAT letters from SARS to confirm revenue registration details (if applicable); - Proof of company registration from the relevant competent authority in the foreign country; - Identity document or passport; and - Court order in the case of an emancipated minor • Any other information as the Commissioner for SARS may require.
14. DECLARATION:
<p>I hereby-</p> <p>(a) declare that the particulars in the application and all enclosures are true and correct; and</p> <p>(b) undertake to-</p> <p>(i) inform the SARS immediately of any changes in the particulars furnished in the application;</p> <p>(ii) comply with the customs and excise laws and procedures.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Initials and Surname) _____ (Status / Capacity, e.g. Director)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature) _____ (Date & Place)</p>
15. FOR OFFICIAL USE ONLY
<p>i, _____ Team Member, at _____ Office hereby certify / confirm</p> <p style="text-align: center;"><i>Full name and surname</i> <i>Branch Office name</i></p> <p>that the applicant / representative*:</p> <ul style="list-style-type: none"> • Visited this office in person; • Is in fact the person reflected on his/her identification document/passport*; and • Is the person as is reflected on the letter of authority (where applicable). <p>_____</p> <p style="text-align: center;"><i>Team Member: SID</i> <i>Team Member: Signature</i> <i>Date</i></p> <p>i, _____ Team Leader, at _____ Office hereby certify / confirm</p> <p style="text-align: center;"><i>Full name and surname</i> <i>Office name</i></p> <p>that the applicant / representative*:</p> <ul style="list-style-type: none"> • Visited this office in person; • Is in fact the person reflected on his/her identification document/passport*; and • Is the person as is reflected on the letter of authority (where applicable). <p>_____</p> <p style="text-align: center;"><i>Team Leader: SID</i> <i>Team Leader: Signature</i> <i>Date</i></p>



ANNEXURE DA 185.4B2

LICENSING CLIENT TYPE 4B2 – 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 6 of the application form (DA 185).

Trade name of business: _____

Physical address: Street name and number: _____
 Building name and floor number: _____
 Suburb: _____
 City/Town: _____
 Street code: _____

Authority to apply:
 I/We, _____ herein presented by:

 (name of applicant)

(1) _____ (Capacity) (2) _____ (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 licensing of a Manufacturing Warehouse.

Warehouse Particulars:

(a) Indicate with an X what the warehouse will be used for:

(i) Manufacture of tobacco products (warehouse business type 32 - VM)	<input type="checkbox"/>
(ii) Manufacture of malt beer (warehouse business type 33 - VM)	<input type="checkbox"/>
(iii) Manufacture of spirits	
(aa) Primary (warehouse business type 34 - VMP)	<input type="checkbox"/>
(bb) Secondary (warehouse business type 35 - VMS)	<input type="checkbox"/>
(iv) Manufacture of petroleum products – excluding biodiesel (warehouse business type 38 - VM)	<input type="checkbox"/>
(v) Manufacture of (commercial) biodiesel (warehouse business type 39 - VM)	<input type="checkbox"/>
(vi) Manufacture of plastic carrier and flat bags (warehouse business type 42 - VM)	<input type="checkbox"/>
(vii) Manufacture of electric filament lamps (warehouse business type 43 - VM)	<input type="checkbox"/>
(viii) Production of electricity (warehouse business type 44 - VM)	<input type="checkbox"/>
(ix) Manufacture of tyres (warehouse business type 56 - VM)	<input type="checkbox"/>
(x) Manufacture of sugary beverages (warehouse business type 57 - VM)	<input type="checkbox"/>
(xi) Generation of emissions liable to carbon tax (warehouse business type 58 - VM)	<input type="checkbox"/>

(b) Please state the rebate item(s), tariff subheading(s) / item(s) (if applicable), and describe the goods that will be manufactured or stored in the warehouse.

Rebate item(s)	Tariff subheading(s) / item(s)	Rebate Code	Description of goods manufactured / stored
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Completion by electricity producers only	
Installed capacity of electricity generation plant:	
Number of electricity generation units:	
Non-renewable energy source used:	Coal <input type="checkbox"/> Petroleum based liquid fuels <input type="checkbox"/> Natural gas <input type="checkbox"/> Nuclear <input type="checkbox"/> Other <input type="checkbox"/> Specify:
If electricity generated from co-generation, indicate type: (Rule 54FA.10(c)(ii))	Waste heat or energy from waste Combined heat and power <input type="checkbox"/> Renewable <input type="checkbox"/> Solar power <input type="checkbox"/>

Completion by tyre producers only	
Indicate tyre levy client type:	New tyre manufacturer Re-tread tyre manufacturer <input type="checkbox"/>

Completion by carbon taxpayers only	
Date carbon tax liability arose in terms of Carbon Tax Act, 2019	
Reporting method for carbon tax	Section 4(1) of Carbon Tax Act, 2019 <input type="checkbox"/> Section 4(2) of Carbon Tax Act, 2019 <input type="checkbox"/>
Details of registration as data provider in terms of the National Greenhouse Gas Emission Reporting Regulations under the National Environmental Management: Air Quality Act, 2004	
(a) Data provider name:	
(b) Data provider ID:	
Facility details (If more than one facility is registered, provide such details for each facility on a separate annexure).	
(c) Facility name:	
(d) Facility ID:	
(e) Physical address:	
(f) List the relevant IPCC code(s) for each activity conducted at the facility:	
(g) List the total installed capacity of the facility per each relevant IPCC code:	

Continues overleaf

Declaration:	
I hereby -	
(a) declare that the particulars in the application and all enclosures are true and correct; and	
(b) undertake 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.	
..... (Initials and Surname) (Status / Capacity, e.g. Director)
..... (Signature) (Date & Place)

FOR OFFICIAL USE												
File Number:												
Type of Warehouse:	VM	VMP	VMS									
Warehouse Number:												
Licence Number:												
Licence Date:												
District Office:												