

APPLICATION FORM: REGISTRATION / LICENSING OF CUSTOMS AND EXCISE CLIENTS

For official use

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1. NOTES FOR COMPLETION OF THE DA 185 AND ITS ANNEXURES

1. Where the asterisk (*) appears, delete whichever is not applicable.
2. Indicate with an "X" in the appropriate block(s) whichever is applicable.
3. Complete the appropriate annexure.
4. If the space provided on form DA185 and applicable annexure(s) is insufficient, the information must be furnished on a separate page, which must be attached to the form DA185 and the annexures.
5. Reflect the relevant customs and excise client number, customs and excise warehouse number or rebate user number when applying for the amendment of existing information or for a total cancellation per client type.
6. Where security must be furnished, complete and submit annexure DA 185.C.
7. A foreign principal must complete and submit annexure DA 185.D.
8. Complete and submit (if applicable) the appropriate prescribed agreement.
9. All references to sections and rules pertain to the Customs and Excise Act, 1964 (the Act).
10. All Customs and Excise forms are available on the SARS website (www.sars.gov.za) or at any SARS branch office.

2. EXISTING REGISTRANT/LICENSEE PARTICULARS

If currently registered/licensed with SARS, please state allocated customs client number.

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3. NATIONALITY

Natural person, who is:		Juristic person, that is:	
Located in the RSA:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Located in the RSA:	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. PURPOSE OF APPLICATION

New Registration/Licensee or renewal:	<input type="checkbox"/>	Amendment of existing information:	<input type="checkbox"/>	Cancellation:	<input type="checkbox"/>
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5. ANNEXURES

Annexure	Registration	Tick box	Annexure	Licensing	Tick box
DA 185 4A1	Importer (Local or Foreign)	<input type="checkbox"/>	DA 185 4B1	Special Manufacturing Warehouse – (Section 21 and the rules thereto)	<input type="checkbox"/>
DA 185 4A2	Exporter (Local or Foreign)	<input type="checkbox"/>	DA 185 4B2	Manufacturing Warehouse – (Sections 19A, 27 and 54E and Chapter VA and the rules thereto)	<input type="checkbox"/>
DA 185 4A2	Exporter for SADC, SADC-EPA, SACU/EFTA and SACU/MERCOSUR – (rule 59A.01, rules 49A, 49B, 49D and 49E)	<input type="checkbox"/>	DA 185 4B3	Storage Warehouse	<input type="checkbox"/>
DA 185 4A2 (Section A) & Form DA 46A1.02	Exporter for AGOA – (rules 46A1.02)	<input type="checkbox"/>	DA 185 4B4	Special Storage Warehouse (Sections 19A and 21 and the rules thereto)	<input type="checkbox"/>
DA 185 4A2 (Section B) & Form DA 49A.02	Approved Exporter – SADC-EPA or SACU/EFTA – (rules 49A.18 (19), (20) and 49D.18(19)(20))	<input type="checkbox"/>	DA 185 4B5	Clearing Agent – (Section 64B and the rules thereto)	<input type="checkbox"/>
DA 185 4A2 (Section C) & Form DA 46A.01	Exporter for GSP (various countries) – (relevant rules for section 46A)	<input type="checkbox"/>	DA 185 4B6	Remover of goods in Bond (Local or Foreign) – (Section 64D and the rule thereto)	<input type="checkbox"/>
DA 185 4A3	Rebate User (Schedule Nos. 3, 4 and 6) – (Section 75 and the rules thereto)	<input type="checkbox"/>	DA 185 4B7	Distributor of Fuel – (Section 64F and the rules thereto)	<input type="checkbox"/>
DA 185 4A4 & DA46A1.03	Manufacturer – (Section 46)	<input type="checkbox"/>	DA 185 4B8	Special Ad Valorem Manufacturing Warehouse – (Section 36A and the rules thereto)	<input type="checkbox"/>
DA 185 4A5	Special Manufacturing Warehouse: APDP	<input type="checkbox"/>	DA 185 4B9	Storage Warehouse (Customs Controlled Area Enterprise) – (Sections 19A, 21, 21A and Rule 21A.10)	<input type="checkbox"/>

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 – (Chapter VA and the rules thereto)	<input type="checkbox"/>	DA 185 C	Security Particulars	
DA 185 4A13	Registered Agent	<input type="checkbox"/>	DA 185 D	Nomination of registered agent by foreign principal	
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"/>			

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. (____)	
:Cell 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:													
<ul style="list-style-type: none"> 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

The following information / documents not older than 3 months must be submitted with this application form.

Natural person or juristic person located in the RSA

- One of the following documents to prove bank details i.e. the account holder's name, bank account number and bank branch code:
 - 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):
 - 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 –
 - 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.

Natural person or juristic person not located in the RSA

- Original or certified copies of the following documents (whichever is relevant):
 - 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:

I hereby-

- (a) declare that the particulars in the application and all enclosures are true and correct; and
- (b) undertake to-
 - (i) inform the SARS 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)

15. FOR OFFICIAL USE ONLY

I, _____ Team Member, at _____ Office hereby certify / confirm
Full name and surname *Branch Office name*

that the applicant / representative*:

- 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).

Team Member: SID

Team Member: Signature

Date

I, _____ Team Leader, at _____ Office hereby certify / confirm
Full name and surname *Office name*

that the applicant / representative*:

- 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).

Team Leader: SID

Team Leader: Signature

Date