

APPLICATION FOR REGISTRATION TO SUBMIT REPORTS - 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 done 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) 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"/>	* Clearing Agent	<input type="checkbox"/>
Port Authority	<input type="checkbox"/>	Container Terminal Operator	<input type="checkbox"/>
Wharf Operator	<input type="checkbox"/>	Container Depot Licensee	<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.*

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 _____ ccyy _____; 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 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 / letter of 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 Republic

DECLARATION

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 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:	

CARRIER / REGISTERED AGENT OR CLEARING AGENT– DA 8.01

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

CLEARING AGENT DETAILS									
Clearing Agent Name									
If currently licensed with SARS, please state applicable customs code									

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																					
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E-mail Address																					
Contact Person at Management level																					
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Name		Surname																			
Designation																					
Telephone No.	()	Fax No.	()																		

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.	()	

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.	()	

* Please add continuation pages as required

PORT AUTHORITY – DA 8.02

APPLICANT DETAILS	
Port Authority Name	

PORT PARTICULARS			
Port 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. ()

PORT PARTICULARS			
Port 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. ()

PORT PARTICULARS				
Port 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.	()

PORT PARTICULARS				
Port 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.	()

* 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 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.	()	

CONTAINER TERMINAL LOCATIONS					
Port / Place		Terminal Name			
SARS Facility Code		Transnet Port Terminal Code			
Terminal 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

WHARF OPERATOR	
Company Name	

WHARF LOCATIONS					
Port Name					
SARS Facility Code		Transnet Facility Code			
Wharf Address					
	Building Name		Floor No.		
	Suburb				
Postal Address					
	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.	()	

WHARF LOCATIONS					
Port Name					
SARS Facility Code		Transnet Facility Code			
Wharf Address					
	Building Name		Floor No.		
	Suburb				
Postal Address					
	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

WHARF TYPE (Indicate the type of cargo normally handled per wharf in the applicable box by means of an X)

Port Name	Wharf number as allocated by Transnet Port Terminals (TPT)	Break Bulk	Dry Bulk	Liquid Bulk	Combination of Bulk & Break Bulk	Combination of Bulk / Break Bulk & Containerised Cargo
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please add continuation pages as required

LICENSED CONTAINER DEPOT – DA 8.04

APPLICANT DETAILS	
Name of Company	

CONTAINER DEPOT LOCATIONS							
Port / Place		Depot Name		SARS Facility Code			
Depot Address							
	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.	()	

CONTAINER DEPOT LOCATIONS							
Port / Place		Depot Name		SARS Facility Code			
Depot Address							
	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*