

APPLICATION FOR REGISTRATION TO SUBMIT REPORTS - DA 8A

Section 8 of the Customs and Excise Act, 1964 (Act No. 91 of 1964) and its rules

AIR 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 8A.01 must be completed by Carriers / Registered Agents and Clearing Agents.
 - DA 8A.02 must be completed by Port Authorities.
 - DA 8A.03 must be completed by Transit Shed Operators.
 - DA 8A.04 must be completed by Degrouping 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			
Purpose of application			
New registration	<input type="checkbox"/>	Amendment	<input type="checkbox"/>
		Cancellation	<input type="checkbox"/>

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"/>	Transit Shed Operator	<input type="checkbox"/>
Degrouping 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 Freight Forwarders, Groupage Agents and Couriers that are not carriers.*

APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable			
Nature of Business (please indicate with X)	Company	<input type="checkbox"/>	Close Corporation
	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 entity

(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 carrier not located in the Republic

DECLARATION

I for the *Carrier / *Registered Agent / *Clearing Agent / *Port Authority / *Transit Shed Operator / *Degrouping 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 8A.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 (IATA 3-digit Airline Code or SARS assigned code for non-IATA airlines)											
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											
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.	()

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

AIRCRAFT INFORMATION

1. Required in respect of all foreign-going aircraft calling at airports in the Republic, owned, operated, rented or chartered by a Carrier.
2. If the space provided is insufficient, please add continuation pages as required.

Carrier Name	Carrier Code			Aircraft Name	Aircraft Registration Number

PORT AUTHORITY - DA 8A.02

APPLICANT DETAILS	
Port Authority Name	

AIRPORT PARTICULARS				
Airport Name			IATA 3-letter Airport 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.	()

AIRPORT PARTICULARS				
Airport Name			IATA 3-letter Airport 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.	()

AIRPORT PARTICULARS				
Airport Name			IATA 3-letter Airport 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.	()

AIRPORT PARTICULARS				
Airport Name			IATA 3-letter Airport 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

TRANSIT SHED OPERATOR – DA 8A.03

APPLICANT DETAILS	
Company Name	

TRANSIT SHED LOCATION					
Place		Transit Shed Name			
SARS Facility Code		Port Terminal Code			
Transit Shed 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.	()	

TRANSIT SHED LOCATION					
Place		Transit Shed Name			
SARS Facility Code		Port Terminal Code			
Transit Shed 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.	()	

TRANSIT SHED LOCATION					
Place		Transit Shed Name			
SARS Facility Code		Port Terminal Code			
Transit Shed 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.	()	

TRANSIT SHED LOCATION					
Place		Transit Shed Name			
SARS Facility Code		Port Terminal Code			
Transit Shed 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

LICENSED DEGROUPING DEPOT – DA 8A.04

APPLICANT DETAILS	
Company Name	

DEGROUPING DEPOT LOCATION					
Place		Degrouping Depot Name		SARS Facility Code	
Degrouping 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.	()	

DEGROUPING DEPOT LOCATION					
Place		Degrouping Depot Name		SARS Facility Code	
Degrouping 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.	()	

DEGROUPING DEPOT LOCATION						
Place		Degrouping Depot Name		SARS Facility Code		
Degrouping 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.	()	

DEGROUPING DEPOT LOCATION						
Place		Degrouping Depot Name		SARS Facility Code		
Degrouping 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