

APPLICATION FOR REGISTRATION TO SUBMIT REPORTS - DA 8C

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

ROAD 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 8C.01 must be completed by Carriers / Registered Agents.
- 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"/>
----------------------------	--------------------------

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 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 / 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– DA 8C.01

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

CARRIER DETAILS										
Carrier Name										
Carrier Code (SARS-assigned)										
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.	()			

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