

No. R. 407**20 March 2003**

CUSTOMS AND EXCISE ACT, 1964
AMENDMENT OF RULES (NO. DAR/71)

Under sections 21, 59A, 60 and 120 of the Customs and Excise Act, 1964, the rules published in Government Notice R.1874 of 8 December 1995 are amended to the extent set out in the Schedule hereto.

P J GORDHAN

COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE

SCHEDULE

(a) By the substitution for the form under item 202.00 of the Schedule to the rules of the following form:

"DA 185 Application form: Licensing / Registration of Customs and Excise Clients"; and

(b) By the insertion of the following annexure:

"DA 185.12 Registration for electronic communication with SARS."



DA 185

APPLICATION FORM: LICENSING/REGISTRATION OF CUSTOMS AND EXCISE CLIENTS

For official use

NOTES FOR THE COMPLETION OF FORM

1. Please indicate with an "X" in the applicable box.
2. 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.
3. Where the asterisk (*) appears, delete which ever is not applicable.
4. Please 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.
5. Please take note that a separate application form must be completed for each client type.
6. Please complete annexure DA185.A where security must be furnished.

A.1. EXISTING REGISTRANT/LICENSEE PARTICULARS

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

A.2. PURPOSE OF APPLICATION

New Registration/Licensee or renewal: Amendment of existing information: Cancellation:

A.3. CLIENT TYPES

REGISTRATION	LICENSING
1. Importer (Annexure 01) (Sec 59A) <input type="checkbox"/>	6. Special Manufacturing Warehouse (Annexure 06) (Sec 21, 60 and 61) <input type="checkbox"/>
2. Exporter (Annexure 02) (including exporter under AGOA) (Sec 59A and Rule 46A1.02) <input type="checkbox"/>	7. Manufacturing Warehouse (Annexure 07) (Sec 19A, 27, 60 and 61) <input type="checkbox"/>
3. Rebate (Annexure 03) (Sch 3, 4 and 6) (Sec 59A and 75) <input type="checkbox"/>	8. Storage Warehouse (Annexure 08) (Sec 60 and 61) <input type="checkbox"/>
4. Manufacturer for AGOA (Annexure 04) (Sec 59A and Rule 46A1.03) <input type="checkbox"/>	9. Special Storage Warehouse (Annexure 09) (Sec 19A, 21, 60 and 61) <input type="checkbox"/>
5. Special Manufacturing Warehouse: MIDP (Annexure 05) (Sec 59A) <input type="checkbox"/>	10. Clearing Agent (Annexure 10) (Sec 64B) <input type="checkbox"/>
12. Electronic communication with SARS (Annexure 12) (Sec 101A) <input type="checkbox"/>	11. Remover of goods in bond (Annexure 11) (Sec 64D) <input type="checkbox"/>

B. 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 and Fax numbers (including code):	
Business e-mail address:	

C. NATURE OF BUSINESS

Company <input type="checkbox"/>	Close Corporation <input type="checkbox"/>	Trust <input type="checkbox"/>
Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other <input type="checkbox"/>

Company Registration number:	
Close Corporation Registration Number:	
Trust Registration Number:	
Other (Please specify):	

D. REGISTRATION PARTICULARS

VAT Registration Number:		Income Tax Number:	
PAYE Number:		SDL Number:	
UIF Number:			

Full name, surname and ID/Passport number(s) of *Sole Proprietor and/* or all Partners/* Managing Director/* Financial Director/* Directors/* Members/* Trustees:

i)	Initials:					Full Name:	
	Surname:						
	ID. No.:						
	Passport No.:						
ii)	Initials:					Full Name:	
	Surname:						
	ID. No.:						
	Passport No.:						
iii)	Initials:					Full Name:	
	Surname:						
	ID. No.:						
	Passport No.:						

E. CONTACT PERSON (Particulars of person who can be contacted regarding this application)

Surname:																										
First Name:																										
Telephone Dialling Code:																Telephone Number:										
Cellular Phone Number:																										
Capacity:																										

F. ACCOUNTANT/ACCOUNTING DETAILS

Name of Accountant/Accounting firm:																																										
Particulars of the Accountant/Auditor or Accounting Officer:																																										
Initials:																												First Name:														
Surname:																																										
Telephone Dialling Code:																												Telephone Number:														
Business address: Street name and number:																																										
Building name and floor number:																																										
Suburb:																																										
City/Town:																Street code																										
Postal address:																																										
Suburb:																																										
City/Town:																Postal code																										

G. 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:-

Has contravened or failed to comply with the provisions of the Act.	Yes:		No:	
Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner.	Yes:		No:	
Has been convicted of any offence under the Act.	Yes:		No:	
Has been convicted of any offence involving dishonesty.	Yes:		No:	
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:	
Has ever been insolvent or in liquidation.	Yes:		No:	

If the answer is "yes" to any of the above questions in G full details must be furnished with the application.

ANNEXURE DA185.12

CLIENT TYPE 12 – REGISTRATION FOR ELECTRONIC COMMUNICATION WITH SARS

To be completed:

- One Annexure DA 185.12 per Customs Client Code; and
- One Annexure DA 185.12 per electronic (EDI) communication address (i.e. Dual / Multi registration code).

A. TRADING PARTICULARS:

Please supply all trade names and physical addresses of the business if conducted from a different address or under a different name as was stated in paragraph B of the application form.

Trade name of business:											
Dual / Multi Registration Code											
Premises address: Street name and number:											
Building name and floor number:											
Suburb:											
City / Town:											
Street Code:											

B. CONTACT PERSON (Particulars of person to whom the digital signature details must be communicated to)

Surname:																																	
First Name:																																	
Telephone Dialling Code:												Telephone Number:																					
Cellular Phone Number:																																	
Facsimile Dialling Code:																						Facsimile Number:											
Electronic mail address (e-mail):																																	
Capacity:																																	

C. Electronic Data Interchange Communications Details (The address where EDI messages will be communicated from / to)

Sender ID (UNB)																
Internet Sender Address - OR																
X 400 Sender Address	Country Code											Unit Name 1				
	Administration Domain									Surname						
	Private Domain									Given Name						
	Organization									Initials						
Name of Computer Bureau or Service Provider Used (if applicable)																

D. Authority to apply:

I/We _____ (name of applicant) herein represented by

(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 _____ cyy _____; 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,

hereby apply for registration to enable the applicant to conduct electronic communication for the area(s) indicated in section E below..

E. COMMUNICATION(S) AREA (Please indicate with an "X")			
1. Import Bills of Entry	<input type="checkbox"/>	2. Manifest acquittal system	<input type="checkbox"/>
3. Export Bills of Entry	<input type="checkbox"/>	• Manifests	<input type="checkbox"/>
4. Refund Applications (DA 66)	<input type="checkbox"/>	• Outturn Reports	<input type="checkbox"/>
5. Electronic Release Messages to Release Authorities	<input type="checkbox"/>	• Schedule & Arrival Information	<input type="checkbox"/>
6. Cross border movement (CCA1)	<input type="checkbox"/>	• Discharge & Load Information	<input type="checkbox"/>
7. Removal in bond (including transit)	<input type="checkbox"/>	• Gate-In & Gate-Out Information	<input type="checkbox"/>

F. THE UNDER-MENTIONED ORIGINAL OR CERTIFIED COPIES MUST ACCOMPANY THE APPLICATION:	
(a)	Registration certificate of business - As issued by the Registrar of Companies or Master of the Supreme Court in case of a Trust.
(b)	Resolution/consent or other authority as applicable.
(c)	Identity documents/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.

G. 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 (e.g. Director):	
Signature:	Date:	Place:	