



Government Gazette

REPUBLIC OF SOUTH AFRICA

Regulation Gazette

No. 8085

Vol. 472

Pretoria

29

October

2004

No. 26916



AIDS HELPLINE: 0800-0123-22 Prevention is the cure

**GOVERNMENT NOTICES
GOEWERMENTSKENNISGEWINGS**

**DEPARTMENT OF AGRICULTURE
DEPARTEMENT VAN LANDBOU**

No. R. 1279

29 October 2004

CORRECTION NOTICE

**PROCEDURES FOR THE APPLICATION, ADMINISTRATION AND ALLOCATION
OF EXPORT PERMITS UNDER THE TRADE, DEVELOPMENT AND CO-
OPERATION AGREEMENT BETWEEN THE EUROPEAN COMMUNITY AND THE
REPUBLIC OF SOUTH AFRICA**

Government Notice 2238 of 14 October 2004 published in Government Gazette 26893 of the said date is hereby corrected by the inclusion of the application form as referred to in paragraphs 2.1, 2.5 and 2.6 of the Notice.

ANNEXURE

APPLICATION FORM FOR EXPORT PERMITS UNDER THE TDCA BETWEEN THE EC AND THE REPUBLIC OF SOUTH AFRICA FOR THE CALENDAR YEAR 2005
(Please duplicate form as necessary for each product)

1. NAME OF EXPORTER:
2. POSTAL ADDRESS: Code:
3. CONTACT PERSON:
4. TELEPHONE NUMBER: Code: Number: Cell no.:
5. FAX NUMBER: Code: Number:
6. COMPANY/CC REGISTRATION NUMBER:
 (NB: First time applicants: Please include a copy of the registration certificate (obtainable from the Department of Trade and Industry (DTI))
7. CUSTOMS CODE NO.:
 (NB: First time applicants: Please include a copy of the Customs Code Certificate (obtainable from SARS))

8. For classification into categories (see item 4.1 of Schedule), please complete:-

Turnover: R	Capital investment: R	No. of employees:
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9. APPLICATION - SUBMISSION FOR THE PERIOD 1 JANUARY 2005 - 31 DECEMBER 2005

EC TARIFF HEADING OF PRODUCT	DESCRIPTION OF PRODUCT	QUANTITY APPLYING FOR	COUNTRY EXPORTING TO

10. Summary of
BILLS OF ENTRY
EXPORT/DA 550/32,
etc

Quantity exported over the past 2 or 3 years (as relevant and first time applicants)

PLEASE NOTE: A detailed list of either bills of entry export, or DA 550/32s or Export Certificates) (not copies of documents) must be attached to this application form.

TARIFF HEADING	TOTAL FOR 2000 (where applicable)	TOTAL FOR 2001	TOTAL FOR 2002	GRAND TOTAL

PLEASE COMPLETE AFFIDAVIT ON THE NEXT PAGE. THE AFFIDAVIT ON THE NEXT PAGE IS AN INSEPARABLE PART OF THE APPLICATION FORM.

AFFIDAVIT

I hereby declare that the particulars herein are true and correct.

APPLICANT'S NAME (PRINT): _____ **SIGNATURE:** _____ **DATE:** _____

(to be signed in the presence of a Justice of the Peace or Commissioner of Oaths)

1. I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence.

(1) Do you know and understand the contents of the declaration?

Answer

(2) Do you have any objection to taking the prescribed oath?

Answer

(3) Do you consider the prescribed oath to be binding on your conscience?

Answer

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration. The deponent utters the following words: "I swear that the contents of this declaration are true so help me God" / "I truly affirm that the contents of the declaration are true." The signature/mark of the deponent is affixed to the declaration in my presence.

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**JUSTICE OF THE PEACE
COMMISSIONER OF OATHS**

TO BE COMPLETED BY THE JUSTICE OF THE PEACE / COMMISSIONER OF OATHS:

FULL FIRST NAMES AND SURNAME: _____
(BLOCK LETTERS)

DESIGNATION: _____

BUSINESS ADDRESS: _____
(STREET ADDRESS)

DATE: _____

PLACE: _____