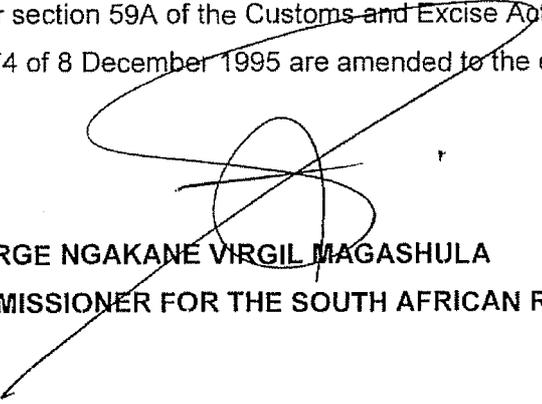


No. R. 752

14 September 2012

**CUSTOMS AND EXCISE ACT, 1964**  
**AMENDMENT OF RULES (DAR 107)**

Under section 59A 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.



**GEORGE NGAKANE VIRGIL MAGASHULA**  
**COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE**

**SCHEDULE**

By the substitution in item 202.00 of the Schedule to the Rules of the following form:

"DA 185 APPLICATION FORM: REGISTRATION/LICENSING OF CUSTOMS AND  
EXCISE CLIENTS"



6. 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 (Including code):		Code: (____)	Tel. (____)	Fax number (Including code):		Code: (____) Fax: (____)
Business e-mail address:						

7. SOUTH AFRICAN BANK ACCOUNT DETAILS																					
Mark if you do not have a local savings or cheque account <input type="checkbox"/>											Account No:										
Branch Name:						Branch No:															
Bank Name:						Cheque: <input type="checkbox"/>		Savings: <input type="checkbox"/>		Transmission: <input type="checkbox"/>											
Account Holder Name:																					

8. SARS REVENUE IDENTIFICATION NUMBERS (if applicable)																	
i. VAT Registration Number:		4								ii. Income Tax Reference Number:							
iii. PAYE Reference Number:		7								iv. SDL Reference Number:		L					
v. UIF Reference Number:		U															

9. NATURE OF BUSINESS											
Company		Close Corporation		Trust		Sole Proprietor / Individual			Partnership		
Co-op		Public Authority		Foreign Individual		Foreign / External Company			Sole Proprietor		
Company / Close Corporation / Trust* Registration Number:											

10. PARTICULARS OF SOLE PROPRIETOR / INDIVIDUAL AND / OR PARTNERS													
i. Initials:		First Name/s:											
Surname:													
Capacity:													
ID / Passport No:										Passport Country (e.g. South Africa = ZAF)			
ii. Initials:		First Name/s:											
Surname:													
Capacity:													
ID / Passport No:										Passport Country (e.g. South Africa = ZAF)			
iii. Initials:		First Name/s:											
Surname:													
Capacity:													
ID / Passport No:										Passport Country (e.g. South Africa = ZAF)			

11. PUBLIC OFFICER / REPRESENTATIVE											
Surname:											
First Name:											
Telephone (including code):		Code: (____)	Tel. (____)		Fax number (Including code):		Code: (____)	Fax: (____)			
E-mail address:						Cellular Phone Number: (____)					
Public Officer:	<input type="checkbox"/>	Curator/Trustee:	<input type="checkbox"/>	Partner:	<input type="checkbox"/>	Accounting officer / Treasurer / Financial Officer:	<input type="checkbox"/>	Other, please specify:			

12. 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:-			
(a) Has contravened or failed to comply with the provisions of the Act.	Yes:		No:

(b) Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner.	Yes:		No:	
(c) Has been convicted of any offence under the Act.	Yes:		No:	
(d) Has been convicted of any offence involving dishonesty.	Yes:		No:	
(e) 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:	
(f) Has ever been insolvent or in liquidation.	Yes:		No:	
<p>Note:</p> <ul style="list-style-type: none"> <li>• If the answer is "yes" to any of the above questions, full details must be furnished on a separate page and attached to the application.</li> <li>• Any applicant may, where it is contended in respect of paragraphs (a) and (b) that the contravention or failure was inadvertent, without fraudulent intent or gross negligence, a submission to this effect should be furnished on a separate page and attached to the application.</li> </ul>				

**13. DOCUMENTS IN SUPPORT OF APPLICATION**

The following information / documents not older than 3 months must be submitted with this application form.

**Natural person or juristic person located in the RSA**

- One of the following documents to prove bank details i.e. : the account holder's name, bank account number and bank branch code:
  - An original bank statement or a legible certified copy of an original bank statement;
  - An original letter from the bank; or
  - An original auto bank statement.
- Certified copies of the following documents (whichever is relevant):
  - Registration certificate of business (as issued by the Registrar of Companies or Master of the Supreme Court in the case of a Trust);
  - Municipal account to confirm the address details;
  - Agency Contract between agent and foreign principal;
  - Duly completed DA 185.C;
  - Duly completed DA 185.D;
  - VAT, IT, PAYE, SDL, UIF letters from SARS to confirm revenue registration details;
  - A fixed telephone line operator's and/or cell phone account to confirm contact details; and
  - Identity/passport documents of –
    - Individual
    - Partnership, Close Corporation and Trust (All Members / Partners / Trustees)
    - Company (All Directors, including Managing Director and Financial Director)
- Any other information as the Commissioner for SARS may require.

**Natural person or juristic person not located in the RSA**

- Certified copies of the following documents (whichever is relevant):
  - Agency Contract between applicant and agent (with an established place of business in the RSA) other than clearing agent;
  - VAT letters from SARS to confirm revenue registration details (if applicable);
  - Proof of company registration from the relevant competent authority in the foreign country; and
  - Identity document or passport
- Any other information as the Commissioner for SARS may require.

**14. 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 / Capacity, e.g. Director)

(Signature) (Date & Place)

**15. FOR OFFICIAL USE ONLY**

I, \_\_\_\_\_ Team Member, at \_\_\_\_\_ Office hereby certify /  
*Full name and surname* *Branch Office name*

confirm that the applicant / representative\*:

- Visited this office in person;
- Is in fact the person reflected on his/her identification document/passport\*; and
- Is the person as is reflected on the letter of authority (where applicable).

\_\_\_\_\_  
 Team Member: SID Team Member: Signature Date

I, \_\_\_\_\_ Team Leader, at \_\_\_\_\_ Office hereby certify /  
*Full name and surname* *Office name*

confirm that the applicant / representative\*:

- Visited this office in person;
- Is in fact the person reflected on his/her identification document/passport\*; and
- Is the person as is reflected on the letter of authority (where applicable).

\_\_\_\_\_  
 Team Leader: SID Team Leader: Signature Date