SOUTH AFRICAN RESERVE BANK

NO. R. 572

2 July 2021

GENERAL EXPLANATORY NOTE:

- [] Words that are between square brackets and in bold typeface indicate deletions from the existing rules
- Words that are underlined with a solid line indicate insertions in the existing rules

CUSTOMS AND EXCISE ACT, 1964 AMENDMENT OF RULES (DAR 217)

Under sections 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 and must be **regarded to have come into effect on 25 June 2021.**

NGOBANI JOHNSTONE MAKHUBU ACTING COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE

SCHEDULE

Amendment of rule 59A.01A

1. Rule 59A.01A is hereby amended by the substitution for item *(cc)* of

paragraph (b)(iA) of the following item:

"(cc) utilising –

[(A) rebate items under Schedules No. 3 and 4; and]

(B) refund or drawback items under Schedule 5 and rebate or refund items under Schedule 6; and".

Amendment of rule 60.01A

2. Rule 60.01A is hereby amended by the substitution for subparagraph (ii) of paragraph (*c*) of the following subparagraph:

"(ii) premises referred to in paragraphs (a)(i)(bb) and (cc) must be submitted <u>electronically or</u> in paper format as contemplated in paragraph (b)[(ii)]; and".

Substitution of forms

3. Item 202.00 of the Schedule to the rules is hereby amended by the substitution of the following forms:

"DA 8	oplication for registration to submit reporting documents					
DA 185.4A3	Registration Client Type 4A3 - Rebate user (Schedule No's 3,					
	4 and 6)					
DA 185.4B9	Licensing Client Type 4B9 - Storage warehouse (Customs					
	Controlled Area Enterprise) - (Sections 19A, 21, 21A, 60, 61					
	and Rule 21A.10)					
DA 185.4B10	Licensing Client Type 4B10 - Manufacturing warehouse					
	(Customs Controlled Area Enterprise) - (Sections 19A, 21A,					
	27, 59A and Rule 21A.10)					
DA 185.4B14	Licensing Client Type 4B14 – Degrouping Depot – (Section					
	64G and its rules and item 850.00 of Schedule No. 8)					
DA 185.4B16	Licensing Client Type 4B16 – Container Depot".					



APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8

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

SEA CARGO

a)	Application for registration as a person submitting reporting documents must be made in terms of rule 8.04 read with rule 8.05 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 8.01 must be completed by Carriers / Registered Agents and Clearing Agents									
	DA 8.02 must be completed by Port Authorities									
	DA 8.03 must be completed by Container Terminal Operators and Wharf Operators									
	DA 8.04 must be completed by Container 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)	All references to sections and rules pertain to the Customs and Excise Act, 1964									
e)	In the case of submission in paper format, please complete the application and physically submit to a customs and excise office as indicated									
-,	on the SARS website for receipt of such applications									
64	ARS CUSTOMS / EXCISE CLIENT NUMBER									
34	ARS COSTOMS / EXCISE CLIENT NUMBER									
	If currently registered / licensed in terms of the Act, please state applicable customs and/ or excise client number									
ΡL	PURPOSE OF APPLICATION									
Ne	w registration Update of existing information Notification of cancellation									

REPORTER TYPE - Please indicate with an X where applicable								
Carrier		Registered Agent						
* Clearing Agent		Container Terminal Operator						
Port Authority		Container Depot Licensee						
Wharf Operator								

* 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 Non-Vessel Operating Common Carriers (NVOCC's), Freight Forwarders and Groupage Agents

LOCATION OF APPLICANT									
Natural person who is:		Juristic person that is:							
Located in the RSA	Yes	Located in the RSA	Yes						

Nature of business (please indicate with X) Company Close corporation	APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable								
person Image: Comparison Cooperative Organ of state Registered name of business (juristic person) or name of natural person Registration number Physical address Building address: Complex Building name Street name and	Nature of business (please indicate with X)		Company		Close corp	oration			
Registered name of business (juristic person) or name of natural person Registration number Physical address Building address: Complex Building name Street name and					Other juris	tic person			
person) or name of natural person Registration number Physical address Building address: Complex Building name Street name and Street code	Cooperative		Organ of state		Trust				
Physical address Building address: Complex Unit/ Building name Floor number Building name Street name and Street code									
Building address: Complex Unit/ number Floor number Building name Street code	Registration number								
Complex number Building name	Physical address								
Street code									
Street code		Building name							
		Street name and number			Street code				

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	Suburb/District								
	City/Town								
Postal address	Suburb/ District								
	City/Town			Post	al Code				
Contact details	Business telephone number	()		Fax	number	()		
	Home telephone number	()							
	Business e-mail address								
	Web Address								
CONTACT PERSO	N AT MANAGEMEN	NT LEVEL							
Name			Surname					 	
ID type									
Citizenship									
Designation/ Capacity			E-mail address		()				
Telephone number	()		Fax number		()				

SOUTH AFRICAN	SOUTH AFRICAN BANK ACCOUNT DETAILS																		
	Bank account number:																T		
Mark if you do not h are using a Sou	have a South African bank account and th African bank account of a third party																		
Branch name:											Bra num	anch iber:							
Bank name:							- (Chec	que:	I	Savir	ngs:	Г	ו	Trar	nsm	issi	on:	
Account holder name:										 									

AUTHORISED OFFICER									
I / We (name of person(s) authorised to act on behalf of juristic person) -									
(1)		ID No		Capacity/Designation					
(2)		ID No		Capacity/Designation					
being du	ly authorized the	reto by virtue of –							
(a)	* a resolution p	assed at a meeting of the Boar	d of Directors						
	held	on the	day of		_ссуу	; or			
(b)	* express conse	ent in writing of all the members	s of the close corporation; o	r					
(c)	(c) * express consent in writing of a person responsible for the management of any other type of juristic person 								
hereby a	hereby apply on behalf of the applicant for registration to submit reporting documents								

DOCUMENTS IN SUPPORT OF APPLICATION

- (a) Registration certificate of business as issued by the Companies and Intellectual Property Commission (CIPC) in respect of the applicant
- (b) Resolution / letter of consent or authority to act on behalf of juristic person
- (c) Identity / Passport documents of -
 - Individual
 - Close Corporation all the members
 - Company all the Directors, including the Managing Director and Financial Director
 - Other juristic person the person responsible for the management of the juristic person

(d) DA 185D in respect of Registered Agent of carrier not located in Republic

DECLARATION BY APPLICANT OR AUTHORISED OFFICER ON BEHALF OF APPLICANT THAT IS A JURISTIC PERSON

I for the *Carrier / *Registered Agent / *Clearing Agent / *Port Authority / *Container Terminal Operator / *Wharf Operator / *Container Depot Licensee / hereby-

- a) apply to be registered for the purpose of submitting reporting documents;
- b) declare that the particulars in this application, and all annexures are true and correct; and
- c) undertake to-
 - (i) inform the South African Revenue Service promptly in accordance with the rules of any changes in the particulars furnished in the application; and

(ii) comply with customs and excise laws and procedures

* Delete whichever is not applicable

Initials and surname:	I.D. number:	
Capacity/Designation (Director, etc):	Signature:	
Place:	Date:	

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CARRIER / REGISTERED AGENT OR CLEARING AGENT- DA 8.01

REPORTER TYPE (Inc	dicate in the applicable	box by means of	an X)						_		
Carrier			Clearing Agent]		
Registered Agent											
CARRIER DETAILS											
Carrier name											
Carrier code assigned by international body (i.e. Bureau International des Containers (BIC) or Standard Carrier Alpha Code (SCAC), as applicable)											
If currently licensed with SARS, please state applicable customs and excise client number											
REGISTERED AGENT DETAILS											
Agent name											
If currently registered with	I SARS,										
please state applicable cu	stoms and excise clier	nt number									
Name(s) of carriers not lo	ocated in the Republic	represented by R	egistered Agent						Ca	rrier co	des
1.											
2.											
3.											
4.											
5.											
6.											
	FTAU 0										
CLEARING AGENT D	ETAILS										
Clearing agent name											
Please state applicable cu	ustoms and excise clier	nt number									
APPLICANT'S BRAN	CH OFFICE ADDRE	SSES									
	offices must be reflected										
	es that submit reports r	nust also be refle	ected here								
BRANCH OFFICE PA	RICULARS										
Branch office name											
Physical address											
	Building address:			Unit/Floor							
	Complex			number							
Suburb/ District											
	City/Town Street code										
Postal address											
	Suburb/ District		1								
	City/Town			Postal coo	de						
Contact details	Business telephone number	()		Fax number	()				
	Business e-mail address										
	Web address										

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No.	44798	27

Contact person at management level	Name		Surname
	ID type		Citizenship
	Designation / Capacity		E-mail address
	Telephone number	()	Fax () number ()

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 PAR	TICULARS						
Branch office name							
Physical address							
	Building Address/ Complex				Unit/Floor number		
	Suburb/District						
	City/Town				Street code		
Postal address							
	Suburb/District						
	City/Town				Postal Code		
Contact details	Business telephone number	()		Fax number	()
	Business e-mail address						
	Home telephone number				Web address	6	
Contact person	Name				Surname		
at management level	Designation/ Capacity				E-mail addre	SS	
	ID type				Citizenship		
	Telephone number	()		Fax number	()

APPLICANT'S BRANC	APPLICANT'S BRANCH OFFICE ADDRESSES								
 Details of all Branch offices must be reflected Details of Head offices that submit reports must also be reflected here 									
BRANCH OFFICE PARTICULARS									
Branch office name									
Physical address									
Building address/ Uni Complex nur									
	Suburb/District								
	City/Town			Street code					
Postal address									
	Suburb/District								
	City/Town			Postal code					
Contact details	Business telephone number	()		Fax number	()			
	Business e-mail address								
Contact person	Name			Surname					
at management level	Designation/ Capacity			E-mail addre	ess				
	ID type			Citizenship					
	Telephone number	()		Fax number	()			

* Please add continuation pages as required

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SSEL INFORMATION								
Required in respect of all foreign-going vessels calling at ports in the Republic, owned, operated, rented or chartered by a Carrier If the space provided is insufficient, please add continuation pages as required								
Carrier name	Ca	rrier co	de	Vessel name	Vessel call sign	*Vessel type		
	_							
	_							
	_							

* Container Vessel * General Cargo Vessel * RO-RO Vessel

* Bulk Vessel * Bulk Vessel * Crude Carrier (Tanker) * Liquefied Gas Carrier * Chemical Carrier * Other vessel

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PORT AUTHORITY – DA 8.02



APPLICANT DETAIL	.S			
Port authority name				
PORT PARTICULAR	S			
Port name				
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
	Suburb / District			
	City/Town		Postal code	
Contact details	Business telephone number	()	Fax number ()
	Business e-mail address			
Contact person	Name		Surname	
at management level	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	()	Fax ()

PORT PARTICULARS					
Port name					
Physical address					
	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town			Street code)
Postal address					
	Suburb / District				
	City/Town			Postal code	
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address				
Contact person	Name			Surname	
at management level	Designation/ Capacity			E-mail addre	ess
	ID Type			Citizenship	
	Telephone number	()	Fax number	()

PORT PARTICULARS				
Port name				
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	e
Postal address				
	Suburb/District			
	City/Town		Postal code)
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person	Name		Surname	
at management level	Designation/ Capacity		E-mail addre	ress
	ID type		Citizenship	
	Telephone number	()	Fax number	()

PORT PARTICULARS			
Port name			
Physical address			
	Building address: Complex		Unit/Floor number
	Suburb/District		
	City/Town		Street code
Postal address		·	
	Suburb/District		
	City/Town		Postal code
Contact details	Business telephone number	()	Fax () number ()
	Business e-mail address		
Contact person	Name		Surname
at management level	Designation/ Capacity		E-mail address
	ID type		Citizenship
	Telephone number	()	Fax () number ()

* Please add continuation pages as required



Container Terminal Operator and Wharf Operator – DA 8.03

REPORTER TYPE (Indicate in the applicable box by means of an X)								
Container Terminal Operator	Wharf Operator							

CONTAINER TERMINAL OPERATOR

Company name

CONTAINER TERMINA	AL LOCATIONS				
Port / Place			Terminal name		
SARS facility code			Transnet port ter	minal code	
Terminal address					
	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town			Street code	
Postal address					
	Suburb/District				
	City/Town			Postal code	
Contact details	Business telephone number	()		Fax number	()
	Business e-mail address				
Contact person at management level	Name			Surname	
at management even	Designation/ Capacity			E-mail addres	is
	ID type			Citizenship	
	Telephone number	()		Fax number.	()

CONTAINER TERMINAL LOCATIONS							
Port / Place			Terminal name				
SARS facility code		Transnet port terminal code		rminal code			
Terminal address			1				
	Building address: Complex			Unit/Floor number			
	Suburb/District			-			
	City/Town			Street code			
Postal address							
	Suburb/District						
	City/Town			Postal code			
Contact details	Business telephone number	()		Fax number ()		
	Business e-mail address						
Contact person	Name			Surname			

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at management level	Designation/ Capacity			E-mail addre	255
	ID type			Citizenship	
	Telephone number	()		Fax number	()
* Please add continuation p	ages as required				
Will customs and excise	e transactional docume kept at this lo				
Provide the 2 digit of	code if previously alloca Cu	ated by stoms:			
Are the premises alread type	y licenced for another l be including an excise l				
WHARF OPERATOR					
Company name					
WHARF LOCATIONS					
Wharf name					
SARS facility code			Transnet wharf o	code	
Wharf address					
	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town			Street code	
Postal address					
	Suburb/District		,		
	City/Town			Postal code	
Contact details	Business telephone number	()		Fax number	()
	Business e-mail address				
Contact person	Name			Surname	
at management level	Designation/ Capacity			E-mail addre	ISS
	ID type			Citizenship	
	Telephone number	()		Fax number	()

WHARF LOCATIONS								
Wharf name								
SARS facility code			Transnet wharf	code				
Wharf address			·					
	Building address: Complex			Unit/Floor number				
	Suburb/District							
	City/Town			Street code				
Postal address								
	Suburb/District							
	City/Town			Postal code				

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34 No. 44798

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Contact details	Business telephone number	()	Fax () number ()
	Business e-mail address		
Contact person	Name		Surname
at management level	Designation/ Capacity		E-mail address
	ID type		Citizenship
	Telephone number	()	Fax () number ()

Please add continuation pages as required

Will customs and excise transactional documents be kept at this location:	Yes: No:
Provide the 2 digit code if previously allocated by Customs:	
Are the premises already licenced for another licence type including an excise licence	Yes: No:

Port name	Wharf number as allocated by Transnet Port Terminals (TPT)	Break Bulk	Dry Bulk	Liquid Bulk	Combination of Bulk & Break Bulk	Combination of Bulk / Break Bulk & Containerised Cargo

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* Discourse del continue time time t			

* Please add continuation pages as required

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LICENSED CONTAINER DEPOT – DA 8.04

APPLICANT DETAIL	LS									
Name of company										
CONTAINER DEPO	T LOCATIONS									
Port / Place		Depot name		SARS						
Depot address										
	Duildin a nadalan a									
	Building address	s: Complex								
	Suburb/District			<u> </u>						
	City/Town			Street code						
Postal address										
	Suburb/District									
				Postal code						
Contact details	City/Town									
Contact details	Business telephone numb	er ()		Fax number	()				
	Business e-m									
	address									
Contact person	Name			Surname						
at management level	Indiffe			Sumanie						
	Designation/			E-mail addre	ess					
	Capacity			0.0						
	ID type			Citizenship						
	Telephone			Fax						
	number	()		number	()				
CONTAINER DEPO	T LOCATIONS									
								1		
Port / Place		Depot name		SARS	facility	/ code				
Depot address										
Dopor address										
	Building address	s: Complex								
	Suburb/District									
	City/Town			Street code						
Postal address										
	Suburb/District									
	City/Town			Postal code						
Contact details	Business			Fax						
	telephone numb	per ()		number	()				
	Business e-m	nail	I		1					
	address				1					
Contact person at management level	Name		Surname							
	Desire (i.)									
	Designation/ Capacity			E-mail address						
				Citizenship						

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		Telephone number	()	Fax number	()
*	Please add continuation p	pages as required					

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REGISTRATION CLIENT TYPE 4A3 - REBATE USER (Schedule No's 3, 4 and 6)

Notes:

 It is the responsibility of the importer / rebate user to ensure that the tariff headings of the goods in question are correct and that the goods comply with the terms of the rebate item concerned. Should there be any doubt, the importer / rebate user should apply for a formal determination on form DA 314

1. Trading Particulars:	
Please supply all trade names and physical address name as that stated in container 5 of the application	ses if the business is conducted from a different address or under a different form (DA 185).
Trade name of business:	
Physical address of rebate store: Complex	
Street name and number:	
Building name and floor number:	
Suburb/District:	
City/Town:	
Street code:	
Web address:	
Will customs and excise transactional documents	Yes:
be kept at this location:	No:
Schedule No. 3	ile No. 4 🗌 Schedule No. 6 🗌

2. Manufacturing Process & Materials Used: Please give a short description of the manufacturing process or how the raw / rebated materials will be used: Rebate item(s) Tariff subheading(s) / item(s) Rebate Code Description raw material Estimated quantity of raw material to be used per annum (kg) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7)

3. Compensating (Finishe	d) Product Particulars:	
Please state the tariff subheadir	ng(s) / item(s) and give the description for the finished products:	
Tariff subheading(s) / item(s)	Description	Expected yield of final product from raw / rebated material used (per volume / number)
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
	•	•
4. Further Particulars:		
(a) Duty limit	R	
(b) VAT limit	R	

1

5. Supporting documents in support of application: In addition to the relevant documents listed in container 13 of form DA 185:

Department of Trade and Industry permit if applicable

FOR OFFICIAL USE									
File Number:									
District office:									



LICENSING CLIENT TYPE 4B9 – Storage warehouse (Customs Controlled Area Enterprise) – (Sections 19A, 21, 21A, 60, 61 and Rule 21A.10)

1. Trading Particular	s:																
Please supply the trade na stated in container 5 of the	ame DA ´	and 185 a	physio pplica	al ad	dress rm	for th	ne sto	rage	wareh	ouse	if und	erao	lifferer	nt add	ress o	r nar	me as was
Т	rade	nam	e of b	usines	is:												
Phy	vsica	l addr	ess: (Compl	ex												
St	reet	name	and	numbe	er:												
			Unit	numbe	er:												
Building r	name	e and	floor	numbe	er:												
		S	uburb	/Distri	ct:												
			Cit	y/Tow	'n:												
				et coc	-												
			Web a	addres	is:												
CC	CA N	ame o	or des	criptic	n:												
Customs and excise to	ransa	action		cumer ocatic													
Customs warehous address if previously																	
CCA Number	С	C	Α														
Storage warehouse physical address:																	
Street name and number:																	
Stand number:																	
Building name and floor number:																	
Suburb/District:																	
City/Town:																eet de:	
Web address:																	

2.	Warehouse Particulars:	
a)		the storage of imported goods (dutiable goods or goods free of
b)	Please describe the goods that will be stored in the war (if applicable)	ehouse as well as the tariff heading(s)/ item(s) and rebate item(s)
	Tariff heading(s)/item(s)/Rebate item(s)	Description of goods stored
1)		
2)		
3)		
4)		
5)		
6)		
		Continues overleaf
3.	Further particulars	
(a)	Duty limit	२

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(b) VAT limit

R

FOR OFFICIAL USE													
File Number:													
Licence Number:													
License Date:													
License year		Ty Ware	Type of Warehouse:		SC	DS	War	ehous	e Nurr	ber:			
District office where Licensed:													



LICENSING CLIENT TYPE 4B10 – Manufacturing warehouse (Customs Controlled Area Enterprise) – (Sections 19A, 21A, 27, 59A and Rule 21A.10)

1. Trading Particula	irs:												
Please supply the trade name and physical address for the manufacturing warehouse if operating under a different address name as was stated in container 5 of the DA 185 application form								dress or					
Trade name of business:					SS:								
Physical address: Complex					ex								
ŝ	Street	name	e and	numbe	er:								
			Unit	numbe	er:								
Building	nam	e and	floor	numbe	er:								
		S	uburb	/Distri	ct:								
			Ci	ty/Tow	/n:								
				et coc									
			Web	addres	ss:								
Customs and excise	trans	action		cumer locatic									
Customs warehou													
address if previous				scriptic									
CCA Number	C	С	A										
Manufacturing warehouse physical													
address:													
Street name and number:													
Stand number:	_												
Building name and floor number:													
Suburb/District:													
City/Town:												Street code:	
Web address:													
2. Warehouse Partic	cular	s:											
a) Please indicate with a			er the	good	s will t	oe util	ised ir	n the v	wa	rehouse for the	production or	manufacture	of:
i) Any goods (other than goods liable to excise duty, fuel levy or environmental levy)													
ii) Any goods liable to excise duty, environmental levy or fuel levy													
b) Please describe the goods, referred to in paragraphs (a)(i) and (ii), which will be manufactured and/or stored in the warehouse as well as the tariff heading(s), item(s) and rebate item(s), if applicable.													
Tariff heading(s)/item(s)/Rebate item(s)											escription of g	oods	
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													

1

9)		
10)		
3. Further particulars		
(a) Duty limit	R	
(b) VAT limit	R	

FOR OFFICIAL USE												
File Number:												
Licence Number:												
License Date:												
License year												
District office where Licensed:		Wa	Type o arehou	f se:	V	M	Wa N	arehou lumbe	ise r:			



LICENSING CLIENT TYPE 4B14 – Degrouping Depot – (Section 64G and its rules and item 850.00 of Schedule No. 8)

1. Degro	ouping Depot: Spe	ecification and ir	nformation						
Please supply the trade name and physical address for the degrouping depot if under a different address or name as was stated in container 5 of the DA 185 application form									
	Trade name of business:								
	Physical a	address: Complex							
	Street n	ame and number:							
		Unit number:							
	Building name	and floor number:							
-		Suburb/District:							
		City/Town:							
-		Street code:							
		Web address:							
Provide the	e 2 digit code if previ	ously allocated by Customs:							
Will custom	is and excise transac be ke	ctional documents pt at this location:	Yes No						
	premises already lic cence type including		Yes No						
	lf y	es please specify:							
Capacity Indicators:									
(i)		m2) for unpacking/	sorting goods						
(ii)	Enclosed secure area for high value articles (m2)								
(iii)	Volumes (m3) and customs values (R) of goods which are envisaged to be handled in the degrouping depot								
(iv)	List of clients that will make use of the services of the degrouping depot (List must be attached to the application)								
Specify equipment for handling of goods in the yard and within the undercover area respectively- (aa) Yard: (v)									
	(bb) Under cover area:								
2. Furt	her particulars:								
(a) Duty lim		R							
(b) VAT lim		R							

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LICENSING CLIENT TYPE 4B16 - CONTAINER DEPOT

1. Container Depot: Specification and in	formation							
Please supply the trade name and physical add container 5 of the DA 185 application form	ess for the container depot if under a different address or name as was stated in							
Trade name of business:								
Physical address: Com	plex							
Street name and num	ber:							
Unit num	ber:							
Building name and floor num	ber:							
Suburb/Dis	trict:							
City/To	own:							
Street c	ode:							
Web add	ress							
Provide 2 digit code if previously allocate Custo								
Will Customs and Excise transactional documents Yes be kept at this location: No								
Are the premises already licenced for and licence type including an excise lice								
If yes please specify:								
Capacity Indicators:								
(i) Under cover area (m2) for unpack	ing/sorting goods							
(ii) Enclosed secure area for high value	ue articles (m2)							
	Volumes (m3) and customs values (R) of goods which are envisaged to be handled in the degrouping depot							
	List of clients that will make use of the services of the degrouping depot (List must be attached to the application)							
Specify equipment for handling of	goods in the yard and within the undercover area respectively-							
(aa) Yard:								
(v)								
(bb) Under cover area:								
2. Further particulars:								

2. Further particulars: (a) Duty limit R (b) VAT limit R

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