SOUTH AFRICAN REVENUE SERVICE

NO. R. 3231 31 March 2023

CUSTOMS AND EXCISE ACT, 1964 AMENDMENT OF RULES

Under sections 64E and 120 of the Customs and Excise Act, 1964 (Act 91 of 1964), the rules published in Government Notice R.1874 of 8 December 1995, are herewith amended to the extent set out in the Schedule hereto

EDWARD CHRISTIAN KIESWETTER

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COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE

SCHEDULE

Substitution of form

Item 202.00 of the Schedule to the rules is hereby amended by the substitution of the following form:

"DA 186 Application for accredited client status under section 64E of the Customs and Excise Act, 1964".



DA 186

APPLICATION FOR ACCREDITED CLIENT STATUS UNDER SECTION 64E OF THE CUSTOMS AND EXCISE ACT, 1964

1. APPLICANT'S EXISTING CUSTOMS AND EXCISE CLIENT NUMBERS											
Please state current customs and excise client number(s) (registration or licence) in respect of the *"customs activity or activities" to which											
or licence) in respect this application rela											
uns application rela											
*"customs activity" has the meaning ascribed to in in rule 64E.01											
Please also list all											
applicant, including codes in respect of activities relating to excise											
Please note that the facility codes for licensed storage warehouses and registered rebate stores must be indicated											
											,
2. APPLICANT F	PARTICULAR	RS									
Registered nam											
entity) or nai											
Busine											
Street name and number:											
Unit Number											
Building na	Building name and floor number:										
Suburb/District:											
City/Town:								Street code:			
Postal address:											
Suburb/District:											
City/Town:							Postal				
City/10Wii.								code			
Country				Т		T				1	
Business telephone	e(Including C code): (_	ode:)		Tel. ()	Fax number (i if a	ncl cod oplicab			Fax. ()	
Cellular phone									,		
number:		1									
Date of establishment of business: (YYYY/MM/DD)											
3. PURPOSE OF APPLICATION											
Accredited client sta	Rei	newal of	accredite	ed client status:		Cancellatio	n of a statı	ccredited client			

4. LEVEL OF ACCREDITED CLIENT STATUS APPLIED FOR (choose one):											
Level 1: Authorised Economic Ope											
Level 2: Authorised Economic Ope											
5. PARTICULARS OF CONTACT PERSON											
T:u	als and										
Title:	surname:										
Firstname/s:			1								
Telephonenumber											
(incl code):	Code: ()_	Tel. ()						
Fax number (incl code), if applicable:	Code: ()	Fax. ()						
Cellular phone number:											
Email address:											
Postal Address:											
Suburb/District:											
City/Town:						Р	ostal cod	de:			
6. CONSENT BY THE APPLICANT FOR INFORMATION SHARING FOR PURPOSES OF MUTUAL RECOGNITION AND CO-ORDINATED INTERVENTIONS											
Does the applicant give permission for the sharing of information as contemplated in:											
Rule 64E.14 <i>(b)</i> (ii) and rule 64E.14 <i>(</i>	Yes	7	No □	*							
accredited client status (AEO Comp		_									
Rule 64E.15(a)(xi)(bb) and rule 64E.15(b)(ii) in respect of Level 2 accredited client status (AEO Security)						No 🗆	*				
	*Please note that withholding consent will disqualify the applicant from consideration for the benefit of mutual recognition and/or co-ordinated interventions with other government agencies										

7. DOCUMENTS IN SUPPORT OF APPLICATION

An application must be supported by the following documents to be submitted to the customs authority on request (see rule 64E.05(2)):

- (a) a Customs Accreditation Self-Evaluation Questionnaire
- (b) a Systems Questionnaire
- (c) a completed Accreditation Agreement referred to in rule 64E.16
- (d) a letter of authorisation in the case where the application is submitted on behalf of the applicant by an external representative (i.e. registered agent, clearing agent or other representative)
- (e) any other supporting documents that may be necessary for proving compliance with the criteria for the specific level of accreditation applied for, which may include proof of financial viability, as evidenced by a copy of the audited financial statements of the applicant for the financial year preceding the date of application, or other evidence of financial viability as may be allowed by the Commissioner

8. DECLARATION									
I hereby declare that the particulars herein are true and correct									
Initials and surname:					Status (e.g. Director):				
Signature:			Date:			Place:			
Note: If the declaration is made by the authorised officer of a juristic entity as contemplated in the rules under section 59A or 60 of the Act it must be supported by a document authorising that person to act as authorised officer on behalf of that juristic entity									

FOR OFFICIAL USE ONLY								
Application number:		Date received:						
Client type:		File reference:						