

VOLUMES (LITRES) SOLD WITHIN THE REPUBLIC OF SOUTH AFRICA IN LAST CALENDAR YEAR

PETROL

DIESEL

ILLUMINATING
PARAFFIN

AVIATION
GASOLINE

LIQUIFIED
PETROLEUM
GAS

JET FUEL

BIOFUELS

INDICATE NUMBER OF EMPLOYEES BY RACE, GENDER AND DISABILITY

BLACK EMPLOYEES: MALE

FEMALE

DISABLED

COLOURED EMPLOYEES: MALE

FEMALE

DISABLED

INDIAN EMPLOYEES: MALE

FEMALE

DISABLED

WHITE EMPLOYEES: MALE

FEMALE

DISABLED

TOTAL NUMBER OF EMPLOYEES

INDICATE OWNERSHIP BY HISTORICALLY DISADVANTAGED SOUTH AFRICANS (HDSA's) IN PERCENTAGE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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DOCUMENTS TO BE ATTACHED WITH THE SUBMISSION OF THE WHOLESALE ANNUAL INFORMATION FORM

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| 1. A declaration by the licensee that the ownership of the licensed activity has not changed. |
| 2. The volumes of each prescribed petroleum products purchased and sold outside of the Republic of South Africa. |
| 3. A declaration by the applicant stating that the applicant is in compliance with all national provincial and local government legal requirements. |
| 4. The volumes of each prescribed petroleum products purchased and sold outside of the Republic of South Africa. |
| 5. A progress and an updated plan in the respect of complying with the objectives of the Charter. |
| 6. A report on the training and the number and title of the qualifications obtained by learners employed by the licensed wholesaler. |

DECLARATION

I (full names).....hereby declare that all information provided herein is within my personal knowledge and that-

- a) I am duly authorised to make this declaration;
- b) I am the designated person responsible for this licence and any conditions attached thereto;
- c) I have read and understood the regulations related hereto, with specific reference to Regulation 25 regarding any false declaration; and
- d) all information provided herein is to the best of my knowledge true and correct.

Signed at.....(place) on this..... day of.....(month)
..... (year)

.....
Signature

I certify that the deponent-

- (a) has acknowledged that he/she knows and understands the contents of this application form and its annexures, that he/she has no objection to taking the prescribed oath and that he/she considers the oath binding on his/her conscience; and
- (b) has in the prescribed manner sworn that the contents of this application form and its annexures are true and signed same before me at (place) on thisday of(month).....(year).

COMMISSIONER OF OATHS

Name: _____

Address: _____

Capacity: _____

NOTE: If this application form is completed electronically it must be printed out, signed before a Commissioner of Oaths and submitted with the necessary supporting documents and submitted to the appropriate regional office using the relevant address, mentioned below.

<p><u>Gauteng</u> Private Bag X96 Pretoria 0001 (012) 406 8000</p> <p><u>Physical Address</u> Corner Paul Kruger & Visagie Visagie Street, 192 Pretoria 0001</p>	<p><u>Western Cape</u> Private Bag X9 Roggebaai 8012 (021) 418 3724</p> <p><u>Physical Address</u> 34 The Terraces Building Riebeeck & Bree Streets Cape Town 8001</p>	<p><u>Kwazulu- Natal</u> Private Bag X54307 Durban 4000 (031) 335 9647/ 9638</p> <p><u>Physical Address</u> Durban Bay House (3rd floor) Anton Lembede street, 333 Durban 4000</p>
<p><u>Eastern Cape</u> Private Bag X6013 Port Elizabeth 6000 (041) 396 3914</p> <p><u>Physical Address</u> 690 Crispin Hall Cnr Mount and Diaz Road Port Elizabeth 6000</p>	<p><u>Free State</u> Private Bag X3658 Welkom 9463 (057) 391 1300</p> <p><u>Physical Address</u> The Strip Building Stateway & Bok Street, 314 Welkom 9460</p>	<p><u>Mpumalanga</u> Private Bag X7297 Witbank 1035 (013) 653 0500</p> <p><u>Physical Address</u> Province Building Cnr Paul Kruger & Botha Avenue Witbank 1035</p>
<p><u>North West</u> Private Bag XA1 Klerksdorp 2570 (018) 464 2460</p> <p><u>Physical Address</u> Vaal University of Technology Building Cnr Voortrekker & Margareta Prinsloo street Klerksdorp 2570</p>	<p><u>Northern Cape</u> Private Bag X6093 Kimberley 8301 (053) 807 1752</p> <p><u>Physical Address</u> 65 Phakamile Mabija Street Perm Building Northern Cape Kimberley 8300</p>	<p><u>Limpopo</u> Private Bag X9712 Polokwane 0699 (015) 287 4720</p> <p><u>Physical Address</u> Broll Building Dorp Street 101 Polokwane 0699</p>

ANNEXURE B: LICENCE FEES

Wholesale licence fee	R 1000
Annual wholesale licence fee	R 500
Duplicate licence fee	R 500
Temporary licence fee	R 500
Licence amendment fee	R 500

Payment must be deposited into the following relevant regional account closest to the region where the application is lodged –

Bank: Nedbank

Account holder: Department of Energy

Include your reference number, which will be provided by the Controller, on the deposit slip.

Account Holder Name	Account Number	Branch code	Branch Name
Department of Energy - GP	1454 117 761	14 54 05	Corporate Client Services, Johannesburg
Department of Energy - KZN	1454 117 788	14 54 05	Corporate Client Services, Johannesburg
Department of Energy - NW	1454 117 796	14 54 05	Corporate Client Services, Johannesburg
Department of Energy - WC	1454 117 818	14 54 05	Corporate Client Services, Johannesburg
Department of Energy - MP	1454 117 826	14 54 05	Corporate Client Services, Johannesburg
Department of Energy - FS	1454 117 834	14 54 05	Corporate Client Services, Johannesburg
Department of Energy - EC	1454 117 842	14 54 05	Corporate Client Services, Johannesburg
Department of Energy – LP	1454 117 850	14 54 05	Corporate Client Services, Johannesburg
Department of Energy - NC	1454 117 869	14 54 05	Corporate Client Services, Johannesburg