







## **DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FOR A WHOLESALE LICENCE**

1. A certified copy of the applicant's identity document, if the applicant is a natural person, and in the case of a non- South African citizen, permanent residence permit or employment permit and proof of residence in South Africa, or proof of domicile in South Africa, as the case may be.

OR

a certified copy of the business entity's registration documents, if the applicant is a corporate entity or a trust.

2. A declaration by the applicant stating that the applicant is in compliance with the Charter or a statement of its plans to meet the requirements of the Charter.

3. A declaration by the applicant, who qualifies in terms of Section 2D of the Act, that the applicant is in compliance with all national, provincial and local government legal requirements applicable for the operation of the activity concerned that are in force at the time the application is made.

4. A list of all storage and distribution facilities intended to be used, including shared storage and distribution facilities, with specific reference to-
  - a. the location;
  - b. the capacity;
  - c. the ownership, including the ownership of the land on which the storage facilities are situated, and, in the case of shared ownership, the basis of sharing; and
  - d. the names of other wholesalers sharing the same facilities.

The information required in terms of attachment number 5 must be provided in respect of the different prescribed petroleum products which are to be stored.

5. If necessary, the original or certified copy of a declaration by the applicant giving reasons why any attachment required is not provided.

**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 this .....day 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><b><u>GAUTENG</u></b></p> <p>Private Bag X 96 Pretoria, 0001</p> <p><b><u>Physical Address</u></b></p> <p>192 Visagie Street Corner Paul Kruger &amp; Visagie Street Pretoria</p> <p>Tel: 012 406 8000</p>	<p><b><u>NORTHERN CAPE</u></b></p> <p>Private Bag X 6093 Kimberley, 8300</p> <p><b><u>Physical Address</u></b></p> <p>65 Phakamile Mabija Street Perm Building, 3rd floor Kimberley</p> <p>Tel: 053 836 4000 Fax: 086 562 7065</p>	<p><b><u>WESTERN CAPE</u></b></p> <p>Private Bag X 31 Roggebaai, 8012</p> <p><b><u>Physical Address</u></b></p> <p>5th Floor Constitution House 124 Adderley Street Cape Town</p> <p>Tel: 021 446 3301</p>
<p><b><u>LIMPOPO</u></b></p> <p>Private Bag X 9712 Polokwane, 0700</p> <p><b><u>Physical Address</u></b></p> <p>18A Landros Mare Street Polokwane</p> <p>Tel: 015 230 3600 Fax: 015 975 045</p>	<p><b><u>MPUMALANGA</u></b></p> <p>P. O .Box 17851 Witbank, 1035</p> <p><b><u>Physical Address</u></b></p> <p>ABSA Building 131 Corner Rhodes and Haigh Avenue Witbank</p> <p>Tel: 013 658 1400</p>	<p><b><u>FREE STATE</u></b></p> <p>Private Bag X 3658 Welkom, 9460</p> <p><b><u>Physical Address</u></b></p> <p>The Strip Building 314 Stateway Street Cnr Stateway and Bok Streets Welkom</p> <p>Tel: 057 391 1326/1300 Fax: 057 352 2673</p>
<p><b><u>KWA-ZULU NATAL</u></b></p> <p>Private Bag X 54307 Durban,4000</p> <p><b><u>Physical Address</u></b></p> <p>275 Anton Lembede Street, Aqua Sky Towers Building, 6th floor, Durban Central</p> <p>Tel: 031 3347 700 Fax: 086 610 6380</p>	<p><b><u>EASTERN CAPE</u></b></p> <p>Private Bag X 13011 Cambridge East London, 5206</p> <p><b><u>Physical Address</u></b></p> <p>Waverley Office 3 – 33 Philip Frame Road Chiselhout East London</p> <p>Tel: 043 703 6000</p>	<p><b><u>NORTH WEST</u></b></p> <p>Private Bag X 2075 Mahikeng , 2745</p> <p><b><u>Physical Address</u></b></p> <p>21 Connaught Street Golf View Mafikeng</p> <p>Tel: 018 397 8600 / 8601 / 8602 / 8603 / 8604</p>

**WHOLESALE DECLARATION**

**Wholesaling Operations**

I, (full name.) ..... ID No.....

Hereby declare that:

I am duly authorised to make this declaration and I am the designated person responsible for the wholesale license application of

.....

All information provided in this declaration is, to the best of my knowledge, true and correct.

- 1. I declare that .....will comply with the Charter or any statement of its plans to meet the requirements of the Charter; and
- 2. I also declare that .....does not have storage facilities as we will buy from the Supplier who will deliver to our clients.

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Deponent

I certify that:

- I. The Deponent acknowledged to me that he/she knows and understands the contents of this declaration, he/she has no objection to taking the prescribed oath to be binding on his/her conscience.
- II. The Deponent thereafter uttered the words, "I swear that the contents of this declaration are true, so help me God".
- III. The Deponent signed this declaration in my presence at the address set out therein.

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**COMMISSIONER OF OATHS**

Designation and Area:

Full Names:

Street Address: