

## APPLICATION FOR WHOLESALE LICENCE

PETROLEUM PRODUCTS ACT 120 OF 1977 AS AMENDED - PETROLEUM PRODUCTS WHOLESALE LICENCE REGULATIONS 2006

| 2. USE CAPITAL<br>3. <b>INDICATE IF A</b>      | ATIONS BEFORE COMPLETING THIS APPLICATION FORM.  LETTERS AND WHERE APPLICABLE MARK WITH A  WHOLESALE LICAPPLICATION IS FOR AN EXISTING OPERATION N LICENCE) OR A NEW OPERATION APPLICATION | OFFICIAL USE ONLY WHOLESALE LICENCE NUMBER |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| □ CON  | NVERSION LICENCE NEW LICENCE   |  |  |  |  |  |  |  |  |
| SECTION 1: APPL                                | LICANT'S DETAILS   |  |  |  |  |  |  |  |  |
| REGISTERED<br>NAME<br>IN FULL                  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| TRADE NAME<br>IN FULL                          |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| POSTAL<br>ADDRESS OF<br>REGISTERED             |  |  |  |  |  |  |  |  |  |
| OFFICE   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| POSTAL CODE                                    |  |  |  |  |  |  |  |  |  |
| PHYSICAL<br>ADDRESS OF<br>REGISTERED<br>OFFICE |  |  |  |  |  |  |  |  |  |
| OTTICE   |  |  |  |  |  |  |  |  |  |
| POSTAL CODE                                    |  |  |  |  |  |  |  |  |  |
| BUSINESS<br>TEL NO.<br>(INCLUDE<br>CODE)       |  |  |  |  |  |  |  |  |  |
| FAX NO.<br>(BUSINESS)                          |  |  |  |  |  |  |  |  |  |
| MOBILE<br>PHONE<br>NUMBER                      |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

| E-MAIL<br>ADDRESS  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
|--|-------|------|-------|------|----------|---------|-------|--------|----------|------|------|-------|-----|-----|-------|------|-------|-----|------|---|---|--|
| ENTER DETAILS OF DESIGNATED PERSON OF THE ENTITY (IN CASE OF INDIVIDUAL, ENTER APPLICANTS DETAILS) |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| TITLE  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| FAMILY NAME  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| FIRST NAME   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| IDENTITY NO.   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| SECTION 2: APPLICANT'S BUSINESS DETAILS Indicate by cross ⊠ type of entity or specify in "other"   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| LIMITED LIABII   | LITY  | CON  | MPAN  | ۱Y   |          |         |       |        |          |      | OIT  | 1     |     |     |       |      | TRA   |     |      |   |   |  |
| ☐ INDIVIDUAL   |       |      |       |      |          | _       |       |        | RSHII    | Р    |      |       |     | L   | _  B( | ODY  | COF   | RPO | RATE | Ξ |   |  |
| TRUST  |       |      |       |      |          | <u></u> | OTHI  | ER     |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| IF OTHER   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| (SPECIFY)  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| REGISTRATION<br>NUMBER   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
|  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
|  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| TAX NUMBER   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
|  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| INDICATE OWNER PERCENTAGE  | RSHII | P BY | HIS   | _    | -        | LY D    | ISAE  | AVC    | NTAC     | SED  | SOU  | TH A  | FRI | CAN | S (HI | DSA' | s) IN |     |      |   |   |  |
|  |       |      |       | %    |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| PHYSICAL ADDRE   | -SS ( | whei | re wh | oles | alina    | onei    | ation | ns are | اان/۱۸/⊆ | he h | ased | `     |     |     |       |      |       |     |      |   |   |  |
| STREET NAME1   |       | T    | T     |      |          | opo.    |       |        | J        |      |      | ,<br> |     |     |       |      |       |     |      |   |   |  |
|  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| STREET NAME2   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
|  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| STREET NO.   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| SUBURB   |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
|  |       | 1    |       |      |          |         | 1     | 1      |          |      |      |       |     |     |       |      |       |     | 1    | 1 | 1 |  |
| TOWN/CITY  |       |      |       |      | <u> </u> |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
| POSTAL CODE  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |
|  |       |      |       |      |          |         |       |        |          |      |      |       |     |     |       |      |       |     |      |   |   |  |

| MUNICIPAL                 |              |             |        |       |      |       |       |          |     | 1     |      | 1    |      |      |    |   | Т |
|---------------------------|--------------|-------------|--------|-------|------|-------|-------|----------|-----|-------|------|------|------|------|----|---|---|
| AREA/LOCAL<br>AUTHORITY   |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   | 1 |
|                           |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    | 1 | J |
|                           |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| INDICATE PROVI            | NCE WHEF     | RE THE      | WHOI   | LESA  | LING | G AC  | ΓΙVΙΤ | ΓIES     | ARE | E/WIL | L BE | E CA | RRIE | ED C | UT |   |   |
| ☐ EASTERN CA              | NPE  FR      | REE STA     | ATE    |       | ☐ G  | AUT   | ENG   | }        |     |       | ] K\ | NAZI | ULU- | -NAT | AL |   |   |
| LIMPOPO                   | □ МЕ         | PUMALA      | ANGA   |       | N    | ORTI  | HER   | N CA     | APE |       | ] NO | ORTI | H WE | EST  |    |   |   |
| WESTERN CA                | APE          |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
|                           |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| SECTION 3: VOLUMES (LITRE | ES) SOLD IN  | <b>LAST</b> | CALE   | NDAF  | R YE | AR.   | .000  |          |     |       |      |      |      |      |    |   |   |
| (For wholesaling of       | perations th | at existe   | ed bef | ore 3 | 1 Ma | rch 2 | (006  | )        |     |       |      |      |      |      |    |   |   |
| PETROL                    |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
|                           |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| DIESEL                    |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
|                           |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| ILLUMINATING<br>PARAFFIN  |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
|                           |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| AVIATION                  |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| GASOLINE                  |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| LIQUIFIED<br>PETROLEUM    |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| GAS                       |              | I           |        | 1     |      |       |       | <u>l</u> |     |       |      |      |      |      |    |   |   |
| JET FUEL                  |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
|                           |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
|                           |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |
| BIOFUELS                  |              |             |        |       |      |       |       |          |     |       |      |      |      |      |    |   |   |

## 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.

- 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.

| I (full names)     | hereby declare   |
|--------------------|--|
| that all informat  | tion provided herein is within my personal knowledge and that-   |
| a) lan             | n duly authorised to make this declaration;  |
| ,                  | m the designated person responsible for this licence and any conditions ached thereto;   |
| •                  | ave read and understood the regulations related hereto, with specific reference Regulation 25 regarding any false declaration; and |
|                    | nformation 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 | e 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(wear).   |
|                    |  |
|                    |  |
|                    | COMMISSIONER OF OATHS  |
| Name:              |  |
| Address:           |  |
| Capacity:          |  |

**DECLARATION** 

**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.

|                                     |  | ,                               |  |  |  |  |  |
|-------------------------------------|--|---------------------------------|--|--|--|--|--|
| GAUTENG                             | NORTHERN CAPE                          | WESTERN CAPE                    |  |  |  |  |  |
| Private Bag X 96                    | Private Bag X 6093                     | Private Bag X 31                |  |  |  |  |  |
| Pretoria, 0001                      | Kimberley, 8300                        | Roggebaai, 8012                 |  |  |  |  |  |
| Physical Address                    | Physical Address                       |                                 |  |  |  |  |  |
| 192 Visagie Street                  | Filysical Address                      | Physical Address                |  |  |  |  |  |
| _                                   | 65 Phakamile Mabija Street             | 5th Floor                       |  |  |  |  |  |
| Corner Paul Kruger & Visagie Street | Perm Building, 3rd floor<br>Kimberley  | Constitution House              |  |  |  |  |  |
|                                     | Tambonoy                               | 124 Adderley Street Cape Town   |  |  |  |  |  |
| Pretoria                            |  |                                 |  |  |  |  |  |
| T 1 040 400 0000                    | Tel: 053 836 4000                      | Tel: 021 446 3301               |  |  |  |  |  |
| Tel: 012 406 8000                   | Fax: 086 562 7065                      |                                 |  |  |  |  |  |
| LIMPOPO                             | MPUMALANGA                             | FREE STATE                      |  |  |  |  |  |
| Private Bag X 9712                  | P. O .Box 17851                        | Private Bag X 3658              |  |  |  |  |  |
| Polokwane, 0700                     | Witbank, 1035                          | Welkom, 9460                    |  |  |  |  |  |
|                                     |  |                                 |  |  |  |  |  |
| Physical Address                    | Physical Address                       | Physical Address                |  |  |  |  |  |
| 18A Landros Mare Street             | ABSA Building                          | The Strip Building              |  |  |  |  |  |
| Polokwane                           | 131 Corner Rhodes and Haigh            | 314 Stateway Street             |  |  |  |  |  |
|                                     | Avenue                                 | Cnr Stateway and Bok Streets    |  |  |  |  |  |
|                                     | Witbank                                | Welkom                          |  |  |  |  |  |
|                                     |  |                                 |  |  |  |  |  |
| Tel: 015 230 3600                   | Tel: 013 658 1400                      | Tel: 057 391 1326/1300          |  |  |  |  |  |
| Fax: 015 975 045                    |  | Fax: 057 352 2673               |  |  |  |  |  |
| KWA-ZULU NATAL                      | EASTERN CAPE                           | NORTH WEST                      |  |  |  |  |  |
| Drivete Dea V 54207                 | Drivete Dea V 12011                    | Private Bag X 2075              |  |  |  |  |  |
| Private Bag X 54307<br>Durban,4000  | Private Bag X 13011 Cambridge          | Mahikeng , 2745                 |  |  |  |  |  |
|                                     | East London, 5206                      |                                 |  |  |  |  |  |
| Physical Address                    | Physical Address                       | Physical Address                |  |  |  |  |  |
| 275 Anton Lembede Street,           |  |                                 |  |  |  |  |  |
| Aqua Sky Towers Building,           | Waverley Office                        | 24 Connaught Street             |  |  |  |  |  |
| 6th floor,                          | 3 – 33 Philip Frame Road<br>Chiselhout | 21 Connaught Street             |  |  |  |  |  |
| Durban Central                      | East London                            | Golf View                       |  |  |  |  |  |
| 25.3411 0011441                     |  | Mafikeng                        |  |  |  |  |  |
| Tel: 031 3347 700                   | Tel: 043 703 6000                      | Tal. 040 207 0000 / 0004 / 0000 |  |  |  |  |  |
| Fax: 086 610 6380                   |  | Tel: 018 397 8600 / 8601 / 8602 |  |  |  |  |  |
| . 4 555 5 15 5550                   |  | / 8603 / 8604                   |  |  |  |  |  |

## WHOLESALE DECLARATION

## **Wholesaling Operations**

| , ,      | name.)   |
|----------|--|
|          | 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 thatwill comply with the Charter or any statement of its plans to meet the requirements of the Charter; and  |
| 2.       | I also declare that  |
|          | Deponent   |
| I certif | y 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.  |
|          |  |
|          | COMMISSIONER OF OATHS  |
| Design   | nation and Area:   |
| Full Na  | ames:  |
| Street   | Address:   |