

MOBILE
PHONE
NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FAX NO.
(INCLUDE
CODE)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-MAIL
ADDRESS

SECTION 3: COMPLETE ONLY IF THERE HAS BEEN A CHANGE OF DESIGNATED PERSON OF THE ENTITY (IN CASE OF INDIVIDUAL, ENTER APPLICANTS DETAILS)

TITLE

--	--	--	--	--

FAMILY NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IDENTITY NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION 4: INFORMATION TO BE COMPLETED IN RESPECT OF VOLUMES (LITRES) PURCHASED WITHIN THE REPUBLIC OF SOUTH AFRICA IN THE LAST CALENDAR YEAR

PETROL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DIESEL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ILLUMINATING
PARAFFIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AVIATION
GASOLINE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LIQUIFIED
PETROLEUM
GAS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

JET FUEL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BIOFUELS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

- | |
|---|
| 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</p> <p><u>Physical Address</u> Matimba Building, 192 Visagie Street, Cnr Paul Kruger & Visagie Street Pretoria</p> <p>Tel: 012 406 7788</p>	<p><u>Western Cape</u> Private Bag X9 Roggebaai 8012</p> <p><u>Physical Address</u> Constitutional House Cnr Adderley & Church Street Cape Town 8001</p> <p>Tel: 021 446 3301</p>	<p><u>Kwazulu- Natal</u> Private Bag X 54307 Durban 4000</p> <p><u>Physical Address</u> Durban Bay House 333 Smith Street Durban</p> <p>Tel: 031 334 7703</p>
<p><u>Eastern Cape</u> Private Bag X6076 Port Elizabeth 6000</p> <p><u>Physical Address</u> Waverly Office Park, 3-33 Phillip Frame Park Chisselhurst East London</p> <p>Tel: 043 703 6000</p>	<p><u>Free State</u> Private Bag X33 Welkom 9460</p> <p><u>Physical Address</u> The Strip Building 314, Cnr Stateway & Bok Street Welkom 9460</p> <p>Tel: 057 391 1326 / 1375</p>	<p><u>Mpumalanga</u> P.O BOX 17851 Witbank 1035</p> <p><u>Physical Address</u> ABSA Building Cnr Rhodes & High Avenue Witbank</p> <p>Tel: 013 658 1402</p>
<p><u>North West</u> Private Bag XA1 Klerksdorp 2570</p> <p><u>Physical Address</u> Katlego House, 21 Connaught Street Mafikeng North West</p> <p>Tel: 018 397 8604</p>	<p><u>Northern Cape</u> Private Bag X6093 Kimberley 8301 (053) 807 1752</p> <p><u>Physical Address</u> 41 Schmidtsdrift Road & Drakenburg Avenue Kimberly</p> <p>Tel: 053 836 4000</p>	<p><u>Limpopo</u> Private Bag X9712 Polokwane 0700</p> <p><u>Physical Address</u> 18A Landros Mare 20 Landros Mare Street Polokwane 0700</p> <p>Tel: 015 230 3600</p>