



RETAIL LICENCE ANNUAL INFORMATION (SUBMISSION FORM) PETROLEUM PRODUCTS ACT 120 OF 1977 AS AMENDED - PETROLEUM PRODUCTS SITE AND RETAIL LICENCE REGULATIONS 2006

INSTRUCTIONS: 1. READ REGULATIONS BEFORE COMPLETING THIS APPLICATION FORM. 2. USE CAPITAL LETTERS AND WHERE APPLICABLE MARK WITH A [X]. PLEASE COMPLETE: SITE LICENCE NUMBER, RETAIL LICENCE NUMBER

SECTION 1: COMPLETE LICENSEE'S PARTICULARS

REGISTERED NAME IN FULL

TRADE NAME IN FULL

ENTER DETAILS OF CONTACT MEMBER OF ENTITY

TITLE

FAMILY NAME

FIRST NAME

IDENTITY NO.

SECTION 2: COMPLETE IF THERE IS A CHANGE IN LICENSEE'S PARTICULARS

TRADE NAME IN FULL

POSTAL ADDRESS OF REGISTERED OFFICE

POSTAL CODE

BUSINESS TEL NO. (INCLUDE CODE)



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

**SECTION 4: COMPLETE DETAILS ON TRAINING OF LICENSEE'S EMPLOYEES**

NUMBER OF EMPLOYEES TRAINED

INDICATE TITLE AND QUALIFICATIONS OBTAINED BY EMPLOYEES

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**DOCUMENTS TO BE ATTACHED TO THE SUBMISSION OF ANNUAL INFORMATION FORM**

1. A declaration that the ownership of the licensed activity has not changed.

2. A declaration that a wholesaler, with an exception of a retail activity licensed to a wholesaler for training purposes, does not own the licensed retail business.

3. Progress and an updated plan in respect of compliance with the objectives of the Charter.

4. A declaration that the retail licence is not held directly or indirectly by a 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 34 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).

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**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> Private Bag X96 Pretoria 0001</p> <p><b><u>Physical Address</u></b> Matimba Building, 192 Visagie Street, Cnr Paul Kruger &amp; Visagie Street Pretoria</p> <p>Tel: 012 406 7788</p>	<p><b><u>Western Cape</u></b> Private Bag X9 Roggebaai 8012</p> <p><b><u>Physical Address</u></b> Constitutional House Cnr Adderley &amp; Church Street Cape Town 8001</p> <p>Tel: 021 446 3301</p>	<p><b><u>Kwazulu- Natal</u></b> Private Bag X 54307 Durban 4000</p> <p><b><u>Physical Address</u></b> Durban Bay House 333 Smith Street Durban</p> <p>Tel: 031 334 7703</p>
<p><b><u>Eastern Cape</u></b> Private Bag X6076 Port Elizabeth 6000</p> <p><b><u>Physical Address</u></b> Waverly Office Park, 3-33 Phillip Frame Park Chisselhurst East London</p> <p>Tel: 043 703 6000</p>	<p><b><u>Free State</u></b> Private Bag X33 Welkom 9460</p> <p><b><u>Physical Address</u></b> The Strip Building 314, Cnr Stateway &amp; Bok Street Welkom 9460</p> <p>Tel: 057 391 1326 / 1375</p>	<p><b><u>Mpumalanga</u></b> P.O BOX 17851 Witbank 1035</p> <p><b><u>Physical Address</u></b> ABSA Building Cnr Rhodes &amp; High Avenue Witbank</p> <p>Tel: 013 658 1402</p>
<p><b><u>North West</u></b> Private Bag XA1 Klerksdorp 2570</p> <p><b><u>Physical Address</u></b> Katlego House, 21 Connaught Street Mafikeng North West</p> <p>Tel: 018 397 8604</p>	<p><b><u>Northern Cape</u></b> Private Bag X6093 Kimberley 8301 (053) 807 1752</p> <p><b><u>Physical Address</u></b> 41 Schmidtsdrift Road &amp; Drakenburg Avenue Kimberly</p> <p>Tel: 053 836 4000</p>	<p><b><u>Limpopo</u></b> Private Bag X9712 Polokwane 0700</p> <p><b><u>Physical Address</u></b> 18A Landros Mare 20 Landros Mare Street Polokwane 0700</p> <p>Tel: 015 230 3600</p>