



DMRE 37

**MANUFACTURING LICENCE ANNUAL INFORMATION (SUBMISSION FORM)**  
**PETROLEUM PRODUCTS ACT 120 OF 1977 AS AMENDED - PETROLEUM PRODUCTS MANUFACTURING LICENCE**  
**REGULATIONS 2006**

---

PLEASE COMPLETE

1. READ REGULATIONS BEFORE COMPLETING THIS APPLICATION FORM.
2. USE CAPITAL LETTERS AND WHERE APPLICABLE MARK WITH A ☒.

MANUFACTURING LICENCE NUMBER

	/				/			
--	---	--	--	--	---	--	--	--

## SECTION 1: COMPLETE LICENSEE'S DETAILS

REGISTERED  
NAME  
IN FULL

[illegible]TRADE NAME  
IN FULL[illegible]

ENTER DETAILS OF CONTACT MEMBER OF ENTITY

TITLE

--	--	--	--

FAMILY NAME

[illegible]

FIRST NAME

[illegible]

IDENTITY NO.

[illegible]**SECTION 2: COMPLETE IF THERE IS A CHANGE IN LICENSEE'S PARTICULARS**TRADE NAME  
IN FULL[illegible]

POSTAL  
ADDRESS OF  
REGISTERED  
OFFICE

[illegible]

POSTAL CODE


BUSINESS  
TEL NO.  
(INCLUDE  
CODE)

[illegible]

MOBILE  
PHONE  
NUMBER

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

FAX NO.  
(INCLUDE  
CODE)

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

E-MAIL  
ADDRESS


**SECTION 3: COMPLETE IF THERE HAS BEEN A CHANGE OF DESIGNATED PERSON OF THE ENTITY  
(IN CASE OF INDIVIDUAL, ENTER APPLICANT'S DETAILS)**

TITLE

--	--	--	--

FAMILY NAME

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

FIRST NAME

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

IDENTITY NO.

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

**SECTION 4: INFORMATION TO BE COMPLETED IN RESPECT OF VOLUMES (LITRES) PURCHASED  
OUTSIDE 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  
OUTSIDE THE  
REPUBLIC OF  
CALENDAR

SOUTH AFRICA IN LAST  
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"/>	%
----------------------	----------------------	----------------------	----------------------	---

**DOCUMENTS TO BE ATTACHED WITH THE SUBMISSION OF THE MANUFACTURING ANNUAL INFORMATION**

1. A declaration by the licensee that the ownership of the licensed activity has not changed.
2. The volumes of each petroleum product manufactured.
3. The volumes of each petroleum product sold, within the Republic of South Africa, to- a. licensed wholesalers, and b. licensed retailers.
4. The volumes of each petroleum product purchased from licensed wholesalers.
5. 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 licensee.

## 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 27 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> 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>