



E-MAIL ADDRESS

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ENTER DETAILS OF DESIGNATED PERSON OF THE ENTITY (IN CASE OF INDIVIDUAL, ENTER APPLICANTS DETAILS)

TITLE

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FAMILY NAME

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FIRST NAME

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IDENTITY NO.

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**SECTION 2: APPLICANT'S BUSINESS DETAILS**

Indicate by cross  type of entity or specify in "other"

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> CLOSE CORPORATION | <input type="checkbox"/> SOLE TRADER    |
| <input type="checkbox"/> INDIVIDUAL                | <input type="checkbox"/> PARTNERSHIP       | <input type="checkbox"/> BODY CORPORATE |
| <input type="checkbox"/> TRUST                     | <input type="checkbox"/> OTHER             |   |

IF OTHER (SPECIFY)


REGISTRATION NUMBER


TAX NUMBER


INDICATE OWNERSHIP BY HISTORICALLY DISADVANTAGED SOUTH AFRICANS (HDSA's) IN PERCENTAGE

				%
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PHYSICAL ADDRESS (where wholesaling operations are/will be based)

STREET NAME1


STREET NAME2


STREET NO.


SUBURB


TOWN/CITY


POSTAL CODE

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**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> 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>

**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: