



APPLICATION FOR TEMPORARY LICENCE

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

INSTRUCTIONS

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

PLEASE COMPLETE

RETAIL /WHOLESALE /
MANUFACTURING LICENCE NUMB

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SECTION 1: APPLICANTS DETAILS

FULL NAME OF TEMPORARY LICENCE APPLICANT IF NOT AN INDIVIDUAL (for example, company name or trust name etc.)

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ENTER FULL NAME OF TEMPORARY LICENCE APPLICANT IF AN INDIVIDUAL

NOTE: In the event that a corporate entity or partnership, trust or body other than an individual makes the application, state here the personal particulars of the person authorised to make this application on behalf of such body.

TITLE

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FAMILY NAME

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FIRST NAME

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IDENTITY NO.

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INDICATE REASONS WHY APPLICANT (ABOVE) IS THE APPROPRIATE PERSON TO BE ISSUED WITH
A TEMPORARY LICENCE

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 (retail licence), regulation 25 (wholesale licence) and regulation 27 (manufacturing licence) 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>