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

SECTION 1: APPLICANTS DETAILS
FULL NAME OF TEMPORARY LICENCE APPLICANT IF NOT AN INDIVIDUAL (for example, company name or trust name etc.)

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

FAMILY NAME

FIRST NAME

IDENTITY NO.

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

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SECTION 2: COMPLETE REASONS FOR APPLICATION AND INCLUDE MOTIVATIONS FOR A TEMPORARY LICENCE

DOCUMENTS TO BE ATTACHED TO THIS APPLICATION FORM

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.
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 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.

<table>
<thead>
<tr>
<th><strong>Gauteng</strong></th>
<th><strong>Western Cape</strong></th>
<th><strong>Kwazulu-Natal</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Bag X96 Pretoria 0001</td>
<td>Private Bag X9 Roggebaai 8012</td>
<td>Private Bag X54307 Durban 4000</td>
</tr>
<tr>
<td><strong>Physical Address</strong></td>
<td><strong>Physical Address</strong></td>
<td><strong>Physical Address</strong></td>
</tr>
<tr>
<td>Matimba Building, 192 Visagie Street, Cnr Paul Kruger &amp; Visagie Street Pretoria</td>
<td>Constitutional House Cnr Adderley &amp; Church Street Cape Town 8001</td>
<td>Durban Bay House 333 Smith Street Durban</td>
</tr>
<tr>
<td>Tel: 012 406 7788</td>
<td>Tel: 021 446 3301</td>
<td>Tel: 031 334 7703</td>
</tr>
</tbody>
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<thead>
<tr>
<th><strong>Eastern Cape</strong></th>
<th><strong>Free State</strong></th>
<th><strong>Mpumalanga</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Bag X6076 Port Elizabeth 6000</td>
<td>Private Bag X33 Welkom 9460</td>
<td>P.O BOX 17851 Witbank 1035</td>
</tr>
<tr>
<td><strong>Physical Address</strong></td>
<td><strong>Physical Address</strong></td>
<td><strong>Physical Address</strong></td>
</tr>
<tr>
<td>Waverly Office Park, 3-33 Phillip Frame Park Chisselhurst East London</td>
<td>The Strip Building 314, Cnr Stateway &amp; Bok Street Welkom 9460</td>
<td>ABSA Building Cnr Rhodes &amp; High Avenue Witbank</td>
</tr>
<tr>
<td>Tel: 043 703 6000</td>
<td>Tel: 057 391 1326 / 1375</td>
<td>Tel: 013 658 1402</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th><strong>North West</strong></th>
<th><strong>Northern Cape</strong></th>
<th><strong>Limpopo</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Bag XA1 Klerksdorp 2570</td>
<td>Private Bag X6093 Kimberley 8301 (053) 807 1752</td>
<td>Private Bag X9712 Polokwane 0700</td>
</tr>
<tr>
<td><strong>Physical Address</strong></td>
<td><strong>Physical Address</strong></td>
<td><strong>Physical Address</strong></td>
</tr>
<tr>
<td>Katlego House, 21 Connaught Street Mafikeng North West</td>
<td>41 Schmidtsdrift Road &amp; Drakenburg Avenue Kimberley</td>
<td>18A Landros Mare 20 Landros Mare Street Polokwane 0700</td>
</tr>
<tr>
<td>Tel: 018 397 8604</td>
<td>Tel: 053 836 4000</td>
<td>Tel: 015 230 3600</td>
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