



energy

Department:
Energy
REPUBLIC OF SOUTH AFRICA

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.)

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></p> <p>Private Bag X 96 Pretoria, 0001</p> <p><u>Physical Address</u></p> <p>192 Visagie Street Corner Paul Kruger & Visagie Street Pretoria</p> <p>Tel: 012 406 8000</p>	<p><u>NORTHERN CAPE</u></p> <p>Private Bag X 6093 Kimberley, 8300</p> <p><u>Physical Address</u></p> <p>65 Phakamile Mabija Street Perm Building, 3rd floor Kimberley</p> <p>Tel: 053 836 4000 Fax: 086 562 7065</p>	<p><u>WESTERN CAPE</u></p> <p>Private Bag X 31 Roggebaai, 8012</p> <p><u>Physical Address</u></p> <p>5th Floor Constitution House 124 Adderley Street Cape Town</p> <p>Tel: 021 446 3301</p>
<p><u>LIMPOPO</u></p> <p>Private Bag X 9712 Polokwane, 0700</p> <p><u>Physical Address</u></p> <p>18A Landros Mare Street Polokwane</p> <p>S23°55.001 E29°27.262</p> <p>Tel: 015 230 3600 Fax: 015 975 045</p>	<p><u>MPUMALANGA</u></p> <p>P. O .Box 17851 Witbank, 1035</p> <p><u>Physical Address</u></p> <p>ABSA Building 131 Corner Rhodes and Haigh Avenue Witbank</p> <p>Tel: 013 658 1400</p>	<p><u>FREE STATE</u></p> <p>Private Bag X 3658 Welkom, 9460</p> <p><u>Physical Address</u></p> <p>The Strip Building 314 Stateway Street Cnr Stateway and Bok Streets Welkom</p> <p>Tel: 057 391 1326/1300 Fax: 057 352 2673</p>
<p><u>KWA-ZULU NATAL</u></p> <p>Private Bag X 54307 Durban,4000</p> <p><u>Physical Address</u></p> <p>275 Anton Lembede Street, Aqua Sky Towers Building, 6th floor, Durban Central</p> <p>Tel: 031 3347 700 Fax: 086 610 6380</p>	<p><u>EASTERN CAPE</u></p> <p>Private Bag X 13011 Cambridge East London, 5206</p> <p><u>Physical Address</u></p> <p>Waverley Office 3 – 33 Philip Frame Road Chiselhout East London</p> <p>Tel: 043 703 6000</p>	<p><u>NORTH WEST</u></p> <p>Private Bag X 2075 Mahikeng , 2745</p> <p><u>Physical Address</u></p> <p>21 Connaught Street Golf View Mafikeng</p> <p>Tel: 018 397 8600 / 8601 / 8602 / 8603 / 8604</p>