

APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8C

Section 8 of the Customs and Excise Act, 1964 (Act No. 91 of 1964) and its rules

ROAD CARGO

- a) Application for registration as a person submitting reporting documents must be done in terms of rule 8.04 read with rule 8.05 of the rules under section 8 of the Customs and Excise Act, 1964
- b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations) DA 8C.01 must be completed by Carriers / Registered Agents
- c) If the space provided on this form or the applicable annexures is insufficient, the required information must be furnished on a separate continuation page which must be attached to this form or the annexure
- d) This application (inclusive of all annexures and attachments) must be completed and physically submitted to: Customs Trader Management – SARS Head Office, Block D, Ground floor, Lehae La SARS, 299 Bronkhorst Street, Nieuw Muckleneuk, Pretoria, or a customs and excise office as may be indicated on the SARS website for receipt of such applications

SARS CUSTOMS / EXISE CLIENT NUMBER

If currently registered / licensed in terms of the Act, please state applicable customs and / or excise client number

PURPOSE OF APPLICATION

New registration Update of existing information Notification of cancellation

REPORTER TYPE - Please indicate with an X where applicable

Carrier

Registered Agent

LOCATION OF APPLICANT

Natural person who is:		Juristic person that is	
Located in the RSA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Located in the RSA	Yes <input type="checkbox"/> No <input type="checkbox"/>

APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable

Nature of business (please indicate with X)	Company	<input type="checkbox"/>	Close corporation	<input type="checkbox"/>	
	Sole proprietor/Natural person	<input type="checkbox"/>	Other juristic person	<input type="checkbox"/>	
Cooperative	<input type="checkbox"/>	Organ of state	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Registered name of business (juristic person) or name of natural person					
Registration number					
Physical address	Business address: Complex				
	Building name				
	Street name and number	Unit/Floor number			
	Suburb/ District				
	City/Town	Street code			
Postal address	Suburb / District				
	City/Town	Postal code			
Contact details	Business telephone number	()	Fax number	()	
	Home telephone number	()			

	Business e-mail address			
Web address				
CONTACT PERSON AT MANAGEMENT LEVEL				
Name		Surname		
ID type				
Citizenship				
Designation / Capacity		E-mail address	()	
Telephone number	()	Fax number	()	

SOUTH AFRICAN BANK ACCOUNT DETAILS													
Bank account number:													
Mark if you do not have a South African bank account and are using a South African bank account of a third party													
Branch name:										Branch number:			
Bank name:								Cheque:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	Transmission:	<input type="checkbox"/>
Account holder name:													

AUTHORISED OFFICER	
I / We (name of person(s) authorised to act on behalf of juristic person) -	
(1) _____ ID No. _____ Capacity / Designation _____	
(2) _____ ID No. _____ Capacity / Designation _____	
being duly authorized thereto by virtue of –	
(a) * a resolution passed at a meeting of the Board of Directors held _____ on the _____ day of _____ ccy _____; or	
(b) * express consent in writing of all the members of the close corporation; or	
(c) * express consent in writing of a person responsible for the management of any other type of juristic person _____ (please state name)	
hereby apply for registration to submit reporting documents	

DOCUMENTS IN SUPPORT OF APPLICATION	
(a) Registration certificate of business – as issued by the Companies and Intellectual Property Commission (CIPC) in respect of the applicant	
(b) Resolution / consent or authority to act on behalf of juristic person	
(c) Identity / Passport documents of	
<ul style="list-style-type: none"> • Individual • Close Corporation – all the members • Company – all the Directors, including the Managing Director and Financial Director • Other juristic person - the person responsible for the management of the juristic person 	
(d) DA 185C in respect of Registered Agent of carrier not located in the Republic	

DECLARATION BY APPLICANT OR AUTHORISED OFFICER ON BEHALF OF APPLICANT THAT IS A JURISTIC PERSON

I for the *Carrier / *Registered Agent / hereby-

- a) apply to be registered for the purpose of submitting reporting documents;
- b) declare that the particulars in this application, annexures and attachments are true and correct; and
- c) undertake to-
 - (i) inform the South African Revenue Service promptly in accordance with the rules of any changes in the particulars furnished in the application; and
 - (ii) comply with customs and excise laws and procedures

* Delete whichever is not applicable

Initials and Surname:		I.D. number:	
Capacity Designation (Director, etc.):		Signature:	
Place:		Date:	

CARRIER / REGISTERED AGENT– DA 8C.01

REPORTER TYPE - Please indicate with an X where applicable		
Carrier	<input type="checkbox"/>	
Registered Agent	<input type="checkbox"/>	

CARRIER DETAILS												
Carrier name												
Carrier code (SARS-assigned)												
If currently licensed with SARS, please state applicable customs and excise client number												

REGISTERED AGENT DETAILS												
Agent name												
If currently registered with SARS, please state applicable customs and excise client number												
Name(s) of carriers not located in the Republic represented by Registered Agent											Carrier codes	
1.												
2.												
3.												
4.												
5.												
6.												

APPLICANT'S BRANCH OFFICE ADDRESSES													
1. Details of all Branch offices must be reflected													
2. Details of Head offices that submit reports must also be reflected here													
BRANCH OFFICE PARTICULARS													
Branch office name													
Physical address	Business address: Complex												
	Building name												
	Street name and number							Unit / Floor number					
	Suburb/ District												
	City/Town							Street code					
Postal address	Building name												
	Suburb/ District												
	City/Town							Postal code					
Contact details	Business telephone number	()					Fax number	()					
	E-mail address												
	Web address												
Contact person at management level	Name							Surname					
	ID type							Citizenship					
	Designation / Capacity							E-mail address					
	Telephone number	()					Fax number	()					

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BRANCH OFFICE PARTICULARS

Branch office name						
Physical address	Business address: Complex					
	Building name					
	Street name and number		Unit/ number	Floor		
	Suburb/ District					
	City/Town		Street code			
Postal address						
Suburb/ District						
City/Town		Postal code				
Contact details	Telephone number	()	Fax number	()		
	E-mail address					
Home telephone number			Web address			
Contact person at management level	Name		Surname			
	ID type		Citizenship			
	Designation / Capacity		E-mail address			
	Telephone number	()	Fax number	()		

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Contact details	Telephone number	()	Fax number	()		
	E-mail address					
Contact person at management level	Name		Surname			
	ID type		Citizenship			
	Designation/ Capacity		E-mail address			
	Telephone number	()	Fax number	()		

* Please add continuation pages as required