DA 185



APPLICATION FORM: REGISTRATION / LICENSING OF CUSTOMS AND EXCISE CLIENTS

				For official use										
1. NOTES FOR COMPLE	TION OF THE DA 185	AND ITS ANNEX	KURES		-			-			-			
1. Where the asterisk (*) a	ppears, delete whichever	is not applicable.												
2. Indicate with an" X" in t	the appropriate block(s) w	hichever is appli	cable.											
3. Complete the appropria	te annexure.													
4. If the space provided on form DA185 and applicable annexure(s) is insufficient, the information must be furnished on a separate page, which must be attached to the form DA185 and the annexures.											be			
5. Reflect the relevant customs and excise client number, customs and excise warehouse number or rebate user number when applying for the amendment of existing information or for a total cancellation per client type.														
6. Where security must be furnished complete and submit annexure DA 185.C.														
7. A foreign principal must complete and submit annexure DA 185.D.														
8. Complete and submit (i	f applicable) the appropri	ate prescribed ag	reement											
9. All Customs and Excise	e forms are available on th	ne SARS website	(www.sa	rs.gov.za) or at any S	ARSI	oranch	office.							
2. EXISTING REGISTRANT/LICENSEE PARTICULARS														
If currently registered/licensed with SARS, please state allocated customs client number.														
3. NATIONALITY														
Natural person, who is: Juristic person, that is:														
Located in the RSA: Yes No Located in the RSA: Yes No Located in the RSA: Yes No Located in the RSA:														
4. PURPOSE OF APPLICATION														
New Registration/Licensee or renewal: Amendment of existing information: Cancellation:														
5. ANNEXURES														
Annexure Purpose Tick box Annexure							Purpose							ick ox
DA 185 4A1	Importer (Local or Foreign	۱)		DA 185 4B1	Special Manufacturing Warehouse - (Sec 21 and the rules thereto)				ction					
DA 185 4A2	Exporter (Local or Foreign	n)		DA 185 4B2	Manufacturing Warehouse (Sections 19A, 27, and 54E and Chapter VA and 54J and the rules thereto)									
DA 185 4A2	Exporter for SADC SACU/EFTA and SACU (rule 59A.01, rules 49A 49E)	J/MERCOSUR -		DA 185 4B3	Storage Warehouse									
DA 185 4A2 (Section A) & Form DA 46A1.02	Exporter for AGOA – (rule	es 46A1.02)		DA 185 4B4	Special Storage Warehouse (Sections 19A and 21 and the rules thereto)						19A			
DA 185 4A2 (Section B) & Form DA 49A.02		DA 185 4B5	Clearing Agent – (Section 64B and the rules thereto)											
DA 185 4A2 (Section C) & Form DA 46A.01		DA 185 4B6	Remover of goods in Bond (Local or Foreign) – (Section 64D and the rule thereto)											
DA 185 4A3	A3 Rebate User (Schedule Nos. 3, 4 and 6) – (Section 75 and the rules thereto)			DA 185 4B7	Distributor of Fuel – (Section 64F and the rules thereto)									
DA 185 4A4 & DA46A1.03	Manufacturer – (Section 4		DA 185 4B8	Special Ad Valorem Manufacturing Warehouse – (Section 36A and the rules thereto)										
DA 185 4A5	Special Manufacturing APDP	g Warehouse:		DA 185 4B9	Storage Warehouse (Customs Controlled Area Enterprise) – (Sections 19A, 21, 21A and Rule 21A.10)									
DA 185 4A6	Electronic Communication (Section 101A and the rule)			DA 185 4B10	Manufacturing Warehouse (Customs Controlled Area Enterprise) – (Sections 19A, 21A, 27 and Rule 21A.10)									

DA 185 4A7 & Form DA 46A.02	Producer for SACU/EFTA, SACU/EFTA, SACU/EFTA, SACU/EFTA, SACURE S	ACU/MERCO 01, rules 49A			DA 185 C	Security Pa	articulars			
DA 185 4A8	Commercial manufacturer of biodiesel – (Section 37B and rule 37B.02(b))				DA 185 D	Nomination principal	n of register			
5. ANNEXURES (continu	ed)			-	-	•				
DA 185 4A9	Non-commercial biodiesel – (Se 37B.02(a))	manufact ection 37B								
DA 185 4A10	Manufacturer in to 501.00 to 521.00 Schedule No. 5)	erms of draw (Note 2(a) to	back items o Part 1 of							
DA185 4A11	Special Economic designation of a ((CCA) – (Sections	Customs Cont	rolled Area							
DA 185 4A12	Electricity Producthe rules thereto 54FA.04)									
DA 185 4A13	Registered Agent								•	Formatted Table
<u>DA 185.4A14</u>	Non-commercial beverages (Section									
6. BUSINESS / PERSON	PARTICULARS									
Registered name of busines	ss or name of applic	ant:			_					
Business address: St	reet name and num	ber:								
Building i	name and floor num	ber:		4						
Suburb:		I.								
City/Town:							Street code:			
Postal address:										
Suburb:						1				
City/Town:				_		7	Postal code			
Business Telephone (Include	ing code): Code:	()	Tel. ()	Fax number (Inclu	ding code):	Code: (_) Fax. (
Business e-mail address:	•									
7. SOUTH AFRICAN BA	NK ACCOUNT D	FTAII S								
		Т	Accou	nt No:						
Mark if you do not have a lo Branch Name:	cai savings of crieq	ue account	Accou	III INO.		1	Branch No:			
Bank Name:					Che		Savings:	Transmission	on:	
Account Holder Name:					Cite	que. L	Savings.	Halishissi	л. Ц	
Account Holder Ivallie.										<u> </u>
8. SARS REVENUE IDEI	NTIFICATION NU	JMBERS (if	applicable	∌)						
i. VAT Registration Number:	4			ii. I	ncome Tax Reference	Number:				
iii. PAYE Reference Number:	7			iv. S	SDL Reference Numbe	er:	L			
v. UIF Reference Number:	U					•	•			
9. NATURE OF BUSINES	20									l
	Corporation	1	Trus		Solo Pro	prietor / Indivi	idual	Partnership		
- 	lic Authority	Fore	ign Individua	-	+	External Comp		Sole Proprietor		
Company / Close Corporat	•	1	I I	A1	T Grought, E	- Atomar Comp	Jany	Cole i Tophicio		
zampamy, oloco colpolat										
10. PARTICULARS OF S	OLE PROPRIET	OR / INDIVI	DUAL / DII	RECTO	RS AND / OR PART	TNERS				
i. Initials:		First Name/s	:							

Surname:																			
Capacity:																			
ID / Passport No:															Pa: (e.g. South	ssport Co			
															(0.g. 00000				
ii. Initials:					F	irst Na	ame/s:												
Surname:																			
Capacity:																			
ID / Passport No:															Pa: (e.g. South	ssport Co Africa =			
iii. Initials:					Г	ISI Na	ame/s:												
Surname:																			
	Capacity: ID / December No. Passport Country P																		
ID / Passport No:															(e.g. South				
11. PUBLIC OFFICER / REPRESENTATIVE																			
Surname:																			
First Name:																			
Telephone (including code): Code: () Tel. () Fax number (Including code): Code: () Fax. ()									_)										
E-mail address: Cellular Phone Number: ()									_)										
Public Officer: Curator/Trustee: Partner: Accounting officer / Treasurer / Financial Officer: Other, please specify:																			
12. INFORMATION REGARDING CONTRAVENTIONS AND OTHER MATTERS																			
Please indicate whether during the preceding five years, any person contemplated in the rules for section 59A or 60:-																			
(a) Has contraver	ed or f	ailed to	com	ply with	the pr	ovisio	ns of th	he Act.					}		Yes:		No:		
(b) Has failed to o	omply	with ar	ny con	dition, o	bligati	on or	other r	requireme	ent imp	osed	by the	Comn	nission	er.	Yes:		No:		
(c) Has been convicted of any offence under the Act.																			
(d) Has been convicted of any offence involving dishonesty.																			
(e) Has made any false or misleading statement in any material respect or omitted to state any material fact which was required to be stated in any application for registration or for any other purpose under the Act.																			
(f) Has ever been insolvent or in liquidation.																			
Note:																			
 If the answer is "yes" to any of the above questions, full details must be furnished on a separate page and attached to the application. Any applicant may, where it is contended in respect of paragraphs (a) and (b) that the contravention or failure was inadvertent, without fraudulent intent or gross 																			
negligence, a submission to this effect should be furnished on a separate page and attached to the application.																			

13. DOCUMENTS IN SUPPORT OF APPLICATION

The following information / documents not older than 3 months must be submitted with this application form.

Natural person or juristic person located in the RSA

- One of the following documents to prove bank details i.e. the account holder's name, bank account number and bank branch code:
 - An original bank statement or a legible certified copy of an original bank statement;

 - An original letter from the bank; or An original auto bank statement.
- Original or certified copies of the following documents (whichever is relevant):
 - Registration certificate of business (as issued by the Registrar of Companies Companies and Intellectual Property Commission or Master of the Supreme Court in the case of a Trust):
 - Resolution/consent or other authority to apply, as applicable; Municipal account to confirm the address details;
- Municipal account to confirm the address details;
 Detailed site plan in the case of a warehouse or a rebate store;
 Agency Contract between agent and foreign principal;
 DA 185.D to prove nomination by a foreign principal in the case of an application for a registered agent;
 VAT, IT, PAYE, SDL, UIF letters from SARS to confirm revenue registration details;
 A fixed telephone line operator's and/or cell phone account to confirm contact details;
 In the case of Annexures DA 185.4B9 and DA 185.4B10, a letter to the applicant signed by the SEZ Operator on his or her own letter-headed paper approving the allocation of fand in the CCA;
 Identity/passport documents of
 - - Individual
 - Partnership, Close Corporation and Trust (All Members / Partners / Trustees)
 - Company (All Directors, including Managing Director and Financial Director)
 Court order in the case of an emancipated minor
- Any other information as the Commissioner for SARS may require.

Natural person or juristic person not located in the RSA

- Original or certified copies of the following documents (whichever is relevant):
 - Agency Contract between applicant and agent (with an established place of business in the RSA) other than clearing agent; VAT letters from SARS to confirm revenue registration details (if applicable); Proof of company registration from the relevant competent authority in the foreign country;

 - Identity document or passport; and Court order in the case of an emancipated minor
- Any other information as the Commissioner for SARS may require

14. DECLARATION:			
I hereby- (a) declare that the particulars in the application (b) undertake to- (i) inform the SARS immediately of any cha (ii) comply with the customs and excise laws	nges in the particulars furnished in the applica	ation;	
(Initials and Surname)		(Status / Capacity, e.g	j. Director)
(Signature)		(Date & Plac	e)
15. FOR OFFICIAL USE ONLY			
I, Full name and sumame	Team Member, at	Branch Office name	Office hereby certify / confirm
that the applicant / representative*: Visited this office in person; Is in fact the person reflected on his/her ider Is the person as is reflected on the letter of a			
Team Member: SID	Team Member: Signature		Date
I, Full name and sumame	Team Leader, at	Office name	Office hereby certify / confirm
that the applicant / representative*: Visited this office in person; Is in fact the person reflected on his/her ider Is the person as is reflected on the letter of a			
Team Leader: SID	Team Leader: Signature		Date