

### **APPLICATION FOR REGISTRATION TO SUBMIT REPORTS - DA 8**

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

#### **SEA 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 under section 8 of the Act.
- b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations):
  - DA 8.01 must be completed by Carriers / Registered Agents and Clearing Agents.
  - DA 8.02 must be completed by Port Authorities.
  - DA 8.03 must be completed by Container Terminal Operators and Wharf Operators.
  - DA 8.04 must be completed by Container Depot Licensees.
- 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.

## Currently registered / licensed with SARS, please state applicable customs code	SARS CUSTOMS (	CODE										
REPORTER TYPE - Please indicate with an X where applicable  Carrier / Registered Agent  Port Authority  Wharf Operator  Wharf Operator  Wharf Operator  Wharf Operator  The definition of "Clearing Agent" in the rules includes all persons who arrange on behalf of other persons for reward the receipt, delines transport of good imported into or to be exported from the Republic. This includes Non-Vessel Operating Common Carriers (NVOCCs), Frowarders and Groupage Agents.  APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable  Nature of Business (please indicate with X)  Sole Proprietor  Sole Proprietor  Sole Proprietor  Sole Proprietor  Physical Address  Building Name Suburb  City/Town  City/Town  Postal Code  Fax No.  Fax No.  Telephone No	If currently registered	/ licensed with SARS,	please state applicable	e custom	ns code							
REPORTER TYPE - Please indicate with an X where applicable  Carrier / Registered Agent	Purpose of applica	ation										
Carrier / Registered Agent	New registration	Amen	dment						Cancellat	ion		
Carrier / Registered Agent												
Port Authority	REPORTER TYPE	- Please indicate with	n an X where applicable	9								
Wharf Operator	Carrier / Registered A	gent			* Clearing Ag	ent						
* The definition of "Clearing Agent" in the rules includes all persons who arrange on behalf of other persons for reward the receipt, deliver transport of goods imported into or to be exported from the Republic. This includes Non-Vessel Operating Common Carriers (NVOCC's), Free Forwarders and Groupage Agents.    APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable	Port Authority		Container Ter	rminal (	Operator							
transport of goods imported into or to be exported from the Republic. This includes Non-Vessel Operating Common Carriers (NVOCC's), Freforwarders and Groupage Agents.    APPLICANT PARTICULARS (HEAD OFFICE) - Please indicate with an X where applicable	•											
Nature of Business (please indicate with X)         Company         Close Corporation         □           Sole Proprietor         Other Juristic Person Specify:         □           Registration Number           Physical Address           Building Name           Floor No.             Suburb           Postal Code             City/Town           Postal Code             Suburb           Fax No.             City/Town           Fax No.             Contact Details           Femail Address             CONTACT PERSON AT MANAGEMENT LEVEL           Name           Surname	transport of goods impe Forwarders and Groupa	orted into or to be exage Agents.	xported from the Repu	blic. Thi	s includes Non	-Vesse	el Operating	Comn	non Carrie	rs (NVOC	CC's), Freigh	
Sole Proprietor		<del>-</del>		noate wi		гррпсак						
Registered Name of Business						· ·						
Registration Number			Sole Proprietor									
Physical Address	Registered Name of B	Business										
Building Name	Registration Number											
Suburb   Postal Code   Postal Code	Physical Address											
Suburb   Postal Code   Postal Code												
City/Town		Building Name				Floo	r No.					
Postal Address   Suburb		Suburb										
Suburb   City/Town   Fax No.   ( )		City/Town				Post	tal Code					
City/Town	Postal Address											
Contact Details         Telephone No.         ( )         Fax No.         ( )           E-mail Address         CONTACT PERSON AT MANAGEMENT LEVEL           Name         Surname		Suburb										
E-mail Address  CONTACT PERSON AT MANAGEMENT LEVEL  Name  Surname		City/Town				Fax	No.	( )				
CONTACT PERSON AT MANAGEMENT LEVEL  Name  Surname	Contact Details	Telephone No.	( )			Fax	Fax No. ( )					
Name Surname		E-mail Address										
	CONTACT PERSO	N AT MANAGEME	NT LEVEL									
	Name				Surname	urname						
Designation E-mail Address ( )	Designation				E-mail Address		( )					
Telephone No. ( ) Fax No. ( )												

AUTHO	RITY TO ACT ON I	BEHALF OF JURISTIC PERSO	N		
I/We (n	ame of person(s) auth	orised to act on behalf of juristic entit	y) -		
(1)		ID No		Capacity	
(2)		ID No		Capacity	
being du	lly authorized thereto b	py virtue of –			
(a)	* a resolution passed	d at a meeting of the Board of Directo	ors		
	held	on the	_day of	ссуу	; or
(b)	* express consent in	writing of all the members of the clos	se corporation; or		
(c)	* express consent ir	n writing of a person responsible for(please state r		ype of juristic person	
hereby a	apply on behalf of the a	applicant for registration to submit rep	orts		
		D ORIGINAL DOCUMENTS ( SE APPLICABLE IN THE CIRCU		THEREOF MUST ACCOMPA	NY THE
(a) (b) (c)	Resolution / letter of Identity / Passport do Individual Close Corporat Company – all Other legal pers	te of business – As issued by the Re consent or authority to act on behalf ocuments of - ion – all the members the Directors, including the Managing son - the person responsible for the retained as Registered Agent of a carrier no	of the relevant juristic person  Juristic person  Juristic person  Juristic person	r	
I for the Licensee a) b) c)	e / hereby- apply to be registere declare that the parti	d Agent / *Clearing Agent / *Port Audion of the purpose of submitting reporticulars in this application, the attache the South African Revenue Service in cable	ts; d annexures and all attachmen	ts are true and correct; and	ainer Depot
I	nitials and Surname:		I.D. Number:		
Ca	pacity (Director, etc):		Signature:		

Date:

Place:



### **CARRIER / REGISTERED AGENT OR CLEARING AGENT- DA 8.01**

REPORTER TYPE (Indicate in the applicable box by means of an X)													
Carrier / Registered Agent	t		Clearing Agent										
CARRIER DETAILS													
Carrier Name													
Carrier Code assigned by international body (i.e. Bureau International des Containers (BIC) or Standard Carrier Alpha Code (SCAC) Code, as applicable)													
If currently licensed with Splease state applicable cu													
REGISTERED AGENT	DETAILS												
Agent Name													
If currently registered with													
please state applicable cu													
Name(s) of Carriers not lo	ocated in the Republic	represented by Re	egistered Agent					Car	rier Co	odes			
1.													
2.													
3.													
4.													
5.													
6.													
CLEARING AGENT DE	ETAILS												
Clearing Agent Name													
If currently licensed with S													
please state applicable cu	stoms code												
ı													
APPLICANT'S BRANC													
	Offices must be reflect es that submit reports		oted hara										
BRANCH OFFICE PAR		Illust also be relied	cleu nere.										
Branch Office Name													
Physical Address													
111,010417.134.022													
	Building Name			Floor No.									
	Suburb			1100									
	City/Town			Postal Code	<i>i</i>								
Postal Address Postal Address													
1 0013.7.133.7.22	Suburb												
	City/Town			Postal Code	ا د								
Contact details	Telephone No.	( )		Fax No.	(	)							
Ouritable dollario	E-mail Address	/ /		Tux 110.	'	,							
Contact Person	Name			Surname									
at Management level				E-mail Addr	2000								
	Designation	ļ , , ,			ess ,								
	Telephone No.	( )		Fax No.	(	)							

APPLICANT'S BRANC	H OFFICE ADDR	ESSES						
Details of all Branch 0     Details of Head Office			reflected here.					
BRANCH OFFICE PAR	RTICULARS							
Branch Office Name								
Physical Address								
Building Name Floor No.								
	Suburb							
	City/Town Postal Code							
Postal Address								
	Suburb							
	City/Town			Postal Code	)			
Contact details	Telephone No.	( )		Fax No.	(	)		
	E-mail Address							
Contact Person	Name			Surname				
at Management level	Designation			E-mail Addr	ess			
	Telephone No.	( )		Fax No.	(	)		
		·						

APPLICANT'S BRANC	H OFFICE ADDRE	SSES				
	Offices must be reflect es that submit reports		pe reflected here.			
BRANCH OFFICE PAR	RTICULARS					
Branch Office Name						
Physical Address						
	Building Name		Floor No.			
	Suburb					
	City/Town			Postal Code		
Postal Address						
	Suburb					
	City/Town			Postal Code		
Contact details	Telephone No.	( )		Fax No.	( )	
	E-mail Address					
Contact Person	Name			Surname		
at Management level	Designation			E-mail Addr	ess	
	Telephone No.	( )		Fax No.	( )	

<sup>\*</sup> Please add continuation pages as required

### **VESSEL INFORMATION**

- 1. Required in respect of all foreign-going vessels calling at ports in the Republic, owned, operated, rented or chartered by a Carrier.
- 2. If the space provided is insufficient, please add continuation pages as required.

Carrier Name	Ca	rrier Co	ode	Vessel Name	Vessel Call sign	*Vessel Type		

- \* Container Vessel
- \* General Cargo Vessel
- \* RO-RO Vessel
- \* Bulk Vessel
- \* Crude Carrier (Tanker)
- \* Liquefied Gas Carrier
- \* Chemical Carrier
- \* Other vessel



## **PORT AUTHORITY – DA 8.02**

APPLICANT DETAILS	
Port Authority Name	

PORT PARTICULARS					
Port Name					
Physical Address					
	Building Name		Floor No.		
	Suburb				
	City/Town		Postal Code		
Postal Address					
	Suburb				
	City/Town		Postal Code		
Contact details	Telephone No.	( )	Fax No.	(	)
	E-mail Address				
Contact Person	Name		Surname		
at Management level	Designation		E-mail Addre	ess	
	Telephone No.	( )	Fax No.	(	)

PORT PARTICULARS					
Port Name					
Physical Address					
	Building Name		Floor No.		
	Suburb				
	City/Town		Postal Code		
Postal Address					
	Suburb				
	City/Town		Postal Code		
Contact details	Telephone No.	( )	Fax No.	( )	
	E-mail Address				
Contact Person	Name		Surname		
at Management level	Designation		E-mail Addre	ss	
	Telephone No.	( )	Fax No.	( )	

PORT PARTICULARS				
Port Name				
Physical Address				
	Building Name		Floor No.	
	Suburb		·	
	City/Town		Postal Code	
Postal Address				
	Suburb			
	City/Town		Postal Code	
Contact details	Telephone No.	( )	Fax No. (	)
	E-mail Address			
Contact Person	Name		Surname	
at Management level	Designation		E-mail Address	
	Telephone No.	( )	Fax No. (	)

PORT PARTICULAR	S			
Port Name				
Physical Address				
	Building Name		Floor No.	
	Suburb			
	City/Town		Postal Code	
Postal Address				
	Suburb			
	City/Town		Postal Code	
Contact details	Telephone No.	( )	Fax No. (	)
	E-mail Address			
Contact Person	Name		Surname	
at Management level	Designation		E-mail Address	
	Telephone No.	( )	Fax No. (	)

<sup>\*</sup> Please add continuation pages as required



# **Container Terminal Operator and Wharf Operator – DA 8.03**

REPORTER TYPE (Inc	dicate in the ap	plica	ble bo	x by meai	ns of	an X)			
Container Terminal Opera	tor				Wł	narf Operator			
CONTAINER TERMINAL OPERATOR									
Company Name									
CONTAINER TERMINA	AL LOCATIO	NS							
Port / Place						Terminal Name			
SARS Facility Code						Transnet Port To	erminal Code		
Terminal Address									
	Building Nam	е					Floor No.		
	Suburb						,		
	City/Town						Postal Code	:	
Postal Address									
	Suburb								
	City/Town				Postal Cod				
Contact details Telephone No.		).	(	)			Fax No.	(	)
	E-mail Addres	ss							
Contact Person	Name						Surname		
at Management level	Designation					E-mail Address			
	Telephone No	).	( )			Fax No. (		(	)
CONTAINER TERMINA	AL LOCATION	NS							
Port / Place						Terminal Name			
SARS Facility Code						Transnet Port To	erminal Code		
Terminal Address									
	Building Nam	е					Floor No.		
	Suburb								
	City/Town						Postal Code	!	
Postal Address									
Suburb									
	City/Town						Postal Code		
Contact details	ontact details Telephone No.		(	)			Fax No.	(	)
	E-mail Addres	ss							
Contact Person	Name						Surname		
at Management level	Designation						E-mail Addre	ess	
	Telephone No	).	(	)			Fax No.	(	)

<sup>\*</sup> Please add continuation pages as required

WHARF OPERATOR	
Company Name	

WHARF LOCATIONS						
Port Name						
SARS Facility Code			Transnet Facility	Code		
Wharf Address						
	Building Name			Floor No.		
	Suburb					
	City/Town			Postal Code		
Postal Address						
	Suburb					
	City/Town			Postal Code		
Contact details	Telephone No.	( )		Fax No.	(	)
	E-mail Address					
Contact Person	Name			Surname		
at Management level	Designation			E-mail Addre	ess	
	Telephone No.	( )		Fax No.	(	)

WHARF LOCATIONS	6								
Port Name									
SARS Facility Code	Transnet Facility Code								
Wharf Address									
							I		
	Building Name	Floor No.							
	Suburb								
	City/Town			Postal Code					
Postal Address									
	Suburb								
	City/Town				Postal Code	•			
Contact details	Telephone No.	( )			Fax No.	(	)		
	E-mail Address								
Contact Person	Name				Surname				
at Management level	Designation				E-mail Addr	ess			
	Telephone No.	( )			Fax No.	(	)		

<sup>\*</sup> Please add continuation pages as required

Port Name	Wharf number as allocated by Transnet Port Terminals (TPT)	Break Bulk	Dry Bulk	Liquid Bulk	Combination of Bulk & Break Bulk	Combination of Bulk / Break Bulk & Containerised Cargo

<sup>\*</sup> Please add continuation pages as required

## **LICENSED CONTAINER DEPOT – DA 8.04**

APPLICANT DETAIL	s
Name of Company	

CONTAINER DEPOT LOCATIONS											
Port / Place	Dep		ot Name			SARS Facility Code					
Depot Address											
	Suburb										
	City/Town				Posta	al Code	!				
Postal Address											
	Suburb										
	City/Town		Po			stal Code					
Contact details	Telephone No.		( )		Fax N	No.	(	)			
	E-mail Address										
Contact Person at Management level	Name				Surna	ame					
	Designation				E-ma	il Addre	ess				
	Telephone No.		( )		Fax N	No.	(	)			
CONTAINER DEPOT	LOCATIONS										

CONTAINER DEPO	T LOCATIONS										
Port / Place		Depot Name				SARS Facility Code					
Depot Address			·								
	Suburb										
	City/Town				Pos	stal Code					
Postal Address											
	Suburb										
	City/Town				Pos	stal Code					
Contact details	Telephone No.	(	)		Fax	No.	(	)			
	E-mail Address										
Contact Person at Management level	Name				Sur	rname					
	Designation				E-n	nail Addre	ess				
	Telephone No.	(	)		Fax	« No.	(	)			

<sup>\*</sup> Please add continuation pages as required