



DIRECTORATE IMPORT and EXPORT CONTROL
: PRIVATE BAG X 192
PRETORIA
TEL: 0861 843 384
FAX: (012) 394-0517

OFFICIAL FILE NO [] / []

APPLICATION TO REGISTER AS AN IMPORTER OR CHANGE OF CURRENT INFORMATION

- NOTE: 1 FOR IMPORTATION OF PERSONAL OR INDIVIDUAL GOODS, THE RELEVANT INFORMATION MUST BE PROVIDED
2 FOR COMPANIES, ALL INFORMATION MUST BE PROVIDED
3 FOR BUSINESSES A VAT CERTIFICATE MUST BE SUBMITTED
4 APPLICATIONS MUST BE COMPLETED EITHER IN TYPESCRIPT OR IN BLOCK CAPITALS IN INK

1 NAME of BUSINESS Or APPLICANT []
2 TRADE NAME []
3 CUSTOMS CODE NUMBER [] 4 CO, CC REGISTRATION NR or INDIVIDUAL ID NUMBER []
5 CONTACT PERSON [] 6 BUSINESS COMMENCE DATE []
7 TAX NUMBER [] 8 VAT NUMBER []
9 PROVINCE [] 10 NUMBER of EMPLOYEES []
11 TEL NUMBER () [] 12 CELLULAR NUMBER []
13 FAX NUMBER () [] 14 E-MAIL ADDRESS []
15 BUSINESS TYPE: WHOLESALER [] RETAILER [] MANUFACTURER []
16 DESCRIPTION of GOODS HANDLED []
17 WAREHOUSE SIZE [] m²
18 POSTAL ADDRESS [] 19 PHYSICAL ADDRESS []
POSTAL CODE [] POSTAL CODE []
20 NAMES of ANY OTHER TRADING CONCERNS or BRANCHES WITH WHICH APPLICANT IS CONNECTED []

I, of in my capacity as do hereby solemnly declare that I am authorised to make this application with annexure on behalf of the applicant named herein and that the information given in this declaration and annexure is to the best of my knowledge and belief true and correct.

DATE..... SIGNATURE.....



International Trade Administration Commission of South Africa

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OFFICIAL FILE NO

Box for official file number with a slash symbol

APPLICATION FOR IMPORT FACILITIES

NOTE: 1 ALL INFORMATION MUST BE PROVIDED
2 PROVIDE FULL CUSTOMS TARIFF NUMBER
3 TO BE COMPLETED EITHER IN TYPESCRIPT OR IN BLOCK CAPITALS IN INK

Form fields for: 1 CUSTOMS CODE NUMBER, 2 APPLICANT REFERENCE NUMBER, 3 NAME of BUSINESS or APPLICANT, 4 FULL POSTAL ADDRESS, 5 ANNUAL TURNOVER of BUSINESS, 6. TEL NO., 7. E-MAIL ADDRESS

DETAILS OF GOODS FOR WHICH AN IMPORT PERMIT IS REQUIRED

Form fields for: 7 TARIFF HEADING and DESCRIPTION, 8 INDICATE NEW or USED GOODS, 9 WILL CURRENCY be TRANSFERRED, 10 QUANTITY /UNITS REQUIRED/KG, 11 ESTIMATED SALES FOR NEXT 6 MONTHS, 12 Rand value of goods to be imported, 13 EXPECTED DATE OF ARRIVAL OF SHIPMENT, 15 COUNTRY(S) of ORIGIN, 16 CUSTOMS CLEARANCE OFFICE

I, of in my capacity as..... do hereby solemnly declare that I am authorised to make this application with annexure on behalf of the applicant named herein and that the information given in this declaration and annexure is to be the best of my knowledge and belief true and correct.

DATE..... SIGNATURE.....

ANNEXURE TO H461 APPLICATION FOR IMPORT FACILITIES

DEPT FILE NO /

NAME OF BUSINESS or APPLICANT *

DETAILS OF GOODS FOR WHICH AN IMPORT PERMIT IS REQUIRED

1	TARIFF HEADING and DESCRIPTION	*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
2	INDICATE NEW or USED GOODS	*	N <input type="checkbox"/>	U <input type="checkbox"/>	5	ESTIMATED SALES FOR NEXT 6 MONTHS		
3	WILL CURRENCY be TRANSFERRED	*	N <input type="checkbox"/>	Y <input type="checkbox"/>	6	RAND VALUE of IMPORTED GOODS IN STOCK		
4	QUANTITY REQUIRED	*	<input style="width: 150px;" type="text"/>		7	BALANCE of VALID IMPORT PERMITS		
9	COUNTRY(S) of ORIGIN	*	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			8	RAND VALUE of PERMIT NOW APPLIED FOR	
10	PORT(S) of ENTRY	*				R	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

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