South African Revenue Service

APPLICATION FOR REGISTRATION TO SUBMIT REPORTS - DA 8A

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

AIR 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 Act.
b) Please note that a separate annexure must be completed for each reporter type (see rules for definitions and reporting obligations):
- DA 8A.01 must be completed by Carriers / Registered Agents and Clearing Agents.
- DA 8A.02 must be completed by Port Authorities.
- DA 8A.03 must be completed by Transit Shed Operators.
- DA 8A.04 must be completed by Degrouping 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.

SARS CUSTOMS CODE									
If currently registered / licensed with SARS, please state applicable customs code									
Purpose of application									
New registration	☐	Amendment	☐	Cancellation	☐				

REPORTER TYPE - *Please indicate with an X where applicable*			
Carrier / Registered Agent	☐	* Clearing Agent	☐
Port Authority	☐	Transit Shed Operator	☐
Degrouping Depot Licensee	☐		

** The definition of "Clearing Agent" in the rules includes all persons who arrange on behalf of other persons for reward the receipt, delivery or transport of goods imported into or to be exported from the Republic. This includes Freight Forwarders, Groupage Agents and Couriers that are not carriers.*

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:	☐			
Registered Name of Business							
Registration Number							
Physical Address							
	Building Name		Floor No.				
	Suburb						
	City/Town		Postal Code				
Postal Address							
	Suburb						
	City/Town		Fax No.	( )			
Contact Details	Telephone No.	( )	Fax No.	( )			
	E-mail Address						

CONTACT PERSON AT MANAGEMENT LEVEL			
Name		Surname	
Designation		E-mail Address	( )
Telephone No.	( )	Fax No.	( )

AUTHORITY TO ACT ON BEHALF OF JURISTIC PERSON

I / We (name of person(s) authorised to act on behalf of juristic entity) -

(1)_____ ID No._____ Capacity _____

(2)_____ ID No._____ Capacity _____

being duly authorized thereto by virtue of –

(a) * a resolution passed at a meeting of the Board of Directors

held _____on the _____day of _____ccyy_____; 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 on behalf of the applicant for registration to submit reports

THE UNDER-MENTIONED ORIGINAL DOCUMENTS OR CERTIFIED COPIES THEREOF MUST ACCOMPANY THE APPLICATION, AS MAY BE APPLICABLE IN THE CIRCUMSTANCES:

(a) Registration certificate of business – As issued by the Registrar of Companies in respect of the applicant
(b) Resolution / letter of consent or authority to act on behalf of the relevant juristic entity
(c) Identity / Passport documents of
- Individual
- Close Corporation – all the members
- Company – all the Directors, including the Managing Director and Financial Director
- Other legal person - the person responsible for the management of the juristic person

(d) Letter of appointment as Registered Agent of carrier not located in the Republic

DECLARATION

I for the *Carrier / *Registered Agent / *Clearing Agent / *Port Authority / *Transit Shed Operator / *Degrouping Depot Licensee / hereby-
a) apply to be registered for the purpose of submitting reports;
b) declare that the particulars in this application, the attached annexures and all attachments are true and correct; and
c) undertake to inform the South African Revenue Service immediately of any changes in the particulars furnished.
* *Delete whichever is not applicable*

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