

Application to register as importer or change of information



NOTE

1. All information must be provided
2. For businesses a SARS TAX clearance certificate must be submitted
3. Applications must be completed either in typescript or in block capitals in ink.

Name of business or applicant	
Trade name if applicable	
Customs code number	
Contact person	
Tax number	
Province	
Telephone number	
Fax number	
CO, CC registration number or individual ID number	
Business commence date	
Vat number	
Number of employees	
Cellular number	
Email address	

Business type	Wholesaler/DC		Description of goods	
	Retailer/Shop		Handled or type of business	
	Packhouse			
	Other			

Postal address		Physical address	
Postal code		Postal code	

I Of In my capacity as

..... Do hereby solemnly declare that I am authorised to make this application (on behalf of the applicant named herein) and that the information given in this declaration and annexures is to the best of my knowledge and belief true and correct.

_____ Date _____ Signature

FOR OFFICE USE ONLY	
File number	
Date captured	