

APPLICATION FORM FOR EXPORT PERMITS UNDER THE TDCA BETWEEN THE EC AND THE REPUBLIC OF SOUTH AFRICA FOR THE CALENDAR YEAR 2008
(Please note that an application form is necessary for each product)

1. **NAME OF EXPORTER:**.....

2. **POSTAL ADDRESS:** **CODE:**

3. **RESPONSIBLE PERSON:**

4. **TELEPHONE NUMBER: CODE:** **NUMBER:** **CELL NO.:**.....

5. **FAX NUMBER: CODE:** **NUMBER:**

6. **E-MAIL ADDRESS:**

7. **COMPANY/CC REGISTRATION NUMBER:**

(NB: First time applicants: Please include a copy of the registration certificate (obtainable from the Department of Trade and Industry (DTI))

8. **CUSTOMS CODE NO.:**

(NB: First time applicants: Please include a copy of the Customs Code Certificate (obtainable from SARS)

9. **CLASSIFICATION OF CATEGORIES:**

For classification into categories (see Item 1, 5.1 and 5.2 of schedule) please complete:-

*BEE CRITERIA		HISTORICAL CATEGORY	BEE-CATEGORY	SMME AND NEW IMPORTER'S CATEGORY
1. Ownership		Turnover:.....	Turnover:.....	Turnover:.....
2. Management				
3. Skills Development		Capital Investment.....	Capital Investment.....	Capital Investment.....
4. Preferential Procurement				
5. Employment Equity		Permanent Employees.....	Permanent Employees	Permanent Employees
6. Enterprise Development				
7. Corporate Social Investment				

* According to the Broad-Based Black Economic Empowerment Act, Act No. 53 of 2003 – indicate compliance with the criteria

10. **APPLICATION – SUBMISSION FOR THE PERIOD (Where applicable).....**

EC TARIFF HEADING OF PRODUCT	DESCRIPTION OF PRODUCT	QUANTITY APPLYING FOR: Tonne/Litres

11. **Summary of BILLS OF ENTRY EXPORT/DA 550/32.** Quantity exported over the past 2 or 3 years (first time applicants – See Column 4 of Table)
PLEASE NOTE: A detailed list of either bills of entry export, or DA 550/32s or Export Certificates) (not copies of documents) must be attached to this application (see Item 4.1 (c) of Schedule)

TARIFF HEADING	TOTAL FOR (where applicable)	TOTAL FOR (where applicable).	TOTAL FOR (where applicable).

12. **INDICATE PAYMENT OPTION IN ACCOUNT NO. 013024175** **BANK** **CASH RECEIPT NO**

PLEASE COMPLETE AFFIDAVIT ON THE NEXT PAGE. THE AFFIDAVIT ON THE NEXT PAGE IS AN INSEPARABLE PART OF THE APPLICATION FORM.

AFFIDAVIT

I the undersigned

_____ do hereby make oath / affirmation and declare that:

- 1. I am duly authorized to depose to this affidavit on behalf of the applicant; and
- 2. The particulars contained in the application form are true and correct.

SIGNED at _____ on this _____ day of _____ 2007/8

DEPONENT

(to be signed in the presence of a Justice of the Peace or Commissioner of Oaths)

1. I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence.

(1) Do you know and understand the contents of the declaration?

Answer:

(2) Do you have any objection to taking the prescribed oath?

Answer:

(3) Do you consider the prescribed oath to be binding on your conscience?

Answer:

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration. The deponent utters the following words; "I swear that the contents of this declaration are true so help me God"/ "I truly affirm that the contents of the declaration are true." The signature/mark of the deponent is affixed to the declaration in my presence.

.....

**JUSTICE OF THE PEACE
COMMISSIONER OF OATHS**

TO BE COMPLETED BY THE JUSTICE OF THE PEACE/COMMISSIONER OF OATHS:

**FULL FIRST NAMES AND SURNAME:
(BLOCK LETTERS)** _____

DESIGNATION: _____

**BUSINESS ADDRESS:
(STREET ADDRESS)** _____

DATE: _____

PLACE: _____