

APPLICATION FORM FOR EXPORT PERMITS UNDER THE TDCA BETWEEN THE EC AND THE REPUBLIC OF SOUTH AFRICA FOR THE CALENDAR YEAR 2012

(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 EXPORTER'S CATEGORY
1. Ownership	Turnover:.....	Turnover:.....	Turnover:.....
2. Management			
3. Skills Development			
4. Preferential Procurement	Capital Investment.....	Capital Investment.....	Capital Investment.....
5. Employment Equity
6. Enterprise Development	Permanent Employees.....	Permanent Employees	Permanent Employees
7. Corporate Social Investment

* According to the Broad-Based Black Economic Empowerment Act, Act No. 53 of 2003 and Agri-BEE Charter- indicate compliance with the criteria and attach BEE evaluation certificate or declaration of exemption.

10. **APPLICATION – SUBMISSION FOR THE PERIOD:**

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 not registered on Wine Online-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 AND ATTACH PROOF OF PAYMENT**

BANK	CASH RECEIPT NO

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 _____ 2011/12

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/affirmation?

Answer:

(3) Do you consider the prescribed oath/affirmation 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: _____

PHYSICAL ADDRESS: _____

DATE: _____

PLACE: _____

PLEASE COMPLETE THE ABOVE AFFIDAVIT. THE ABOVE AFFIDAVIT IS AN INSEPARABLE PART OF THE APPLICATION FORM.