

APPLICATION FORM FOR MARKET ACCESS PERMITS FOR THE CALENDAR YEAR 2012
(Please note that an application form is necessary for each product)

1. **NAME OF IMPORTER:**
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. **INDICATE PRINCIPAL BUSINESS:**

AGENT	MANUFACTURER	PROCESSOR	RETAILER	OTHER

If other specify:

10. **CLASSIFICATION OF CATEGORIES:**
For classification into categories (see Item 1, 4.1 and 4.2 of schedule) please complete:-

*BEE CRITERIA	HISTORICAL CATEGORY	BEE-CATEGORY	SMME AND NEW IMPORTER'S CATEGORY
1. Ownership			
2. Management	Turnover:.....	Turnover:.....	Turnover:.....
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.

11. **APPLICATION – SUBMISSION FOR THE PERIOD**

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

12. **Summary of BILLS OF ENTRY** Quantity imported over the past three years (first time applicants and where applicable) **PLEASE NOTE: A detailed list of bills of entry (not copies of documents) must be attached to this application form.**

TARIFF HEADING	TOTAL FOR 2009 (from 1 November 2008 – 31 October 2009)	TOTAL FOR 2010 (from 1 November 2009 – 31 October 2010)	TOTAL FOR 2011 (from 1 November 2010 – 31 October 2011)

13. **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 WHICH IS AN INSEPARABLE PART OF THE APPLICATION FORM AND MUST BE SUBMITTED WITH EACH QUARTERLY, HALF-YEARLY OR ANNUAL APPLICATION.