**INTERNATIONAL TRADE ADMINISTRATION COMMISSION OF SOUTH AFRICA**

**GUIDELINES, RULES AND CONDITIONS PERTAINING TO PERMITS ISSUED UNDER REBATE ITEM 306.01/2815.11/02.06 FOR SOLID SODIUM HYDROXIDE (CAUSTIC SODA) CLASSIFIABLE UNDER TARIFF SUBHEADING 2815.11, FOR USE IN THE MANUFACTURE OF SODIUM METASILICATES CLASSIFIABLE UNDER TARIFF SUBHEADING 2839.11**

1. Applicants must register with the South African Revenue Services (SARS) as users of rebate provision 306.01/2815.11/02.06 and they must acquaint themselves with the requirements of SARS.
2. Applications for permits must be addressed to the International Trade Administration Commission (ITAC), Private Bag X 753, Pretoria or delivered by hand to the DTI Campus, Block E, C/o Meintjies street and Esselen street, Sunnyside, Pretoria.
3. Applications for permits must be submitted according to the requirements of the application form. If the space provided in the application form is insufficient, please use the format of the application form to submit the requested information.
4. If all the information requested in the application form is not submitted, the application will not be considered, and it will be returned to the applicant.
5. At least fourteen (14) working days should be allowed for the processing of applications and the issue of permits.
6. Each rebate permit issued defines the period during which the goods concerned can be cleared with rebate of duty, and the period shall be for a calendar year starting from the date on which the permit was issued or a shorter period as requested by the Applicant, or as decided upon by ITAC.
7. Rebate permit issued will be subject to the following conditions:

7.1 The applicant must submit a VAT Certificate and a Tax Clearance Certificate;

7.2 The applicant must provide in each permit application the number of jobs it expects to create annually as a result of the rebate. The applicant will submit to ITAC an annual report on its job creation performance;

7.3 The applicant(s) need to consult with the local manufacturers of caustic soda to confirm if they are able to supply a reasonable quantity of the Membrane cell grade of caustic soda as required;

7.4 The applicant can request the manufacturer to respond within 14 days of their request. Should the local manufacturers of caustic soda not be able to supply the quantity requested, the applicant(s) need to obtain a confirmation letter from the manufacturer stating that they are not able to supply. The original letter needs to be submitted with the application form;

7.5 If the manufacturer unreasonably refuses to provide such a confirmation letter, ITAC will write a letter to the manufacturer informing them of the application and requesting them to confirm their production and production capacity. The manufacturer will then be allowed 7 days to respond to this letter. Should the manufacturer respond within the 7 day period, the information provided will be taken into account during the decision making process; and

7.6 Should, after receipt of the manufacturers response, or in the absence of such response, information be available that reflects that the manufacturer is reasonably unable to supply the quantity of caustic soda required, ITAC will be able to issue a permit without, or despite, the required letter of confirmation by the manufacturer.

1. Rebate permit may not be transferred in any manner by the holder thereof, to any other person, or be used to the benefit of any person, not named in the permits.

9. Any request for an amendment of a rebate permit must be forwarded to ITAC for consideration. Amendments will only be considered in the following instances:

a) Error by ITAC on permit;

b) Error by applicant regarding product description or tariff subheading. This will only be processed if request is accompanied by a confirmation from SARS in this regard.

**Note: No amendments of the statistical unit (quantity or value), which was applied for, will be considered – a new application has to be submitted in such instances together with the original previous permit.**

10. Should any party displace a permit, the applicant should submit an affidavit on a company letterhead endorsed by a Commissioner of Oath, stating that the application was lost. ITAC will issue a new permit. Should the lost permit be found the applicant should return such a permit to ITAC.

11. Extension of the date as indicated on the rebate permit will only be permitted for a period up to 3 months and only in instances where:

1. An applicant has submitted a letter and supporting documents giving verifiable reasons for the extension; and
2. The permit has not expired.
3. If it is suspected that any condition of this permit is not complied with, the consignment in terms of which the rebate permit was used can be seized by ITAC. If it is established that non-compliance took place, appropriate steps will be taken. These steps will be taken in terms of the International Trade Administration Act and can include, criminal charges, withdrawal of the permit or permits concerned and/or the rejection of future applications for permits.

**APPLICATION FORM**

**INTERNATIONAL TRADE ADMINISTRATION COMMISSION OF SOUTH AFRICA**

**APPLICATION FOR A PERMIT IN TERMS OF REBATE ITEM 306.01/2815.11/02.06** **FOR REBATE OF DUTY ON SOLID SODIUM HYDROXIDE (CAUSTIC SODA) CLASSIFIABLE UNDER TARIFF SUBHEADING 2815.11, FOR USE IN THE MANUFACTURE OF SODIUM METASILICATES CLASSIFIABLE UNDER TARIFF SUBHEADING 2839.11**

**APPLICATION FORM**

BEFORE COMPLETING THIS FORM, PLEASE ACQUAINT YOURSELF WITH THE GUIDELINES AND CONDITIONS PERTAINING TO REBATE ITEM 306.01/2815.11/02.06

**NB: ALL INFORMATION REQUESTED SHOULD BE FURNISHED**

|  |  |
| --- | --- |
| 1 (a). Applicant’s name (Company):Contact Person:..................................................Position:..............................................................Postal Address:...................................................Tel No.:...............................................................Fax No:...............................................................Date completed:..................................................Email add:............................................................VAT Registration No:............................................SARS Importer Registration No:...........................(No application for this rebate provision will be considered for applicants utilising the “unallocated importers reference number i.e. 70707070) | 1(b). Physical address of the applicant |

1. Furnish The Following Information In Respect Of Each Of The Products For Which Rebate Is Applied:

|  |  |
| --- | --- |
| **(i) DESCRIPTION OF IMPORT PRODUCT/S AS IN THE CUSTOMS TARIFF** |  |
| **(ii) TARIFF SUBHEADING OF EACH PRODUCT** |  |
| **(iii) RATE OF CUSTOMS DUTY APPLICABLE TO EACH PRODUCT** |  |
| **(iv) QUANTITY**  |  |
| **(v) CUSTOMS** **(FOB) VALUE IN** **RAND** |  |
| **(vi) COUNTRY/IES IMPORTING FROM** |  |

1. Indicate with a cross whether the outcome of the application should be forwarded by mail to the applicant or whether it will be collected at the offices of the International Trade Administration Commission at the DTI Campus, Block E, C/o Meintjies street and Esselen street, Sunnyside, Pretoria.

|  |  |
| --- | --- |
| BY MAIL |  |
| BY HAND |  |

4. Provide information pertaining to the number of jobs the firm will create annually as a result of this rebate. (*Submit with the application a letter signed by the Chief Executive Officer providing a report on job creation performance*)

5. Name of Chief Executive Officer:............................................................

Tel No:.................................Fax No:.......................................................

**DECLARATION IN RESPECT OF AN APPLICATION FOR A PERMIT IN TERMS OF REBATE PROVISION 306.01/2815.11/02.06** **OF SCHEDULE 3 TO THE CUSTOMS AND EXCISE ACT, 1964**

**NB: The obligation to complete and submit this declaration cannot be transferred to an external authorized representative, auditor or any other third party acting on behalf of the claimant**

**I, ………………………………………………………………….... (full names) with identity number ………………………………………., in my capacity as – managing director/chief executive (in respect of a company) or senior member (close corporation, partnership or individual)**

**(Delete whichever is not applicable)**

of …………………………………………………………………………………. (hereinafter referred to as the applicant) hereby declare that –

1. the applicant complies with prescribed requirements in order to qualify for rebate in terms of the above-mentioned rebate provision;
2. I have satisfied myself that the preparation of the application has been done in conformity with the guidelines and requirements in respect of the above-mentioned rebate provision, with which I have fully acquainted myself and to which I unconditionally agree;
3. I accept that the decision by the Chief Commissioner: International Trade Administration Commission will be final and conclusive and that the said Chief Commissioner may at any time conduct or order that an investigation to verify information furnished in the application form, be conducted;
4. The information furnished in this application is true and correct;
5. The applicant or any one of its associates, or related party is not the subject of an investigation by either the South African Police, the Office for Serious Economic Offences, International Trade Administration, or the Commissioner for South African Revenue Services (SARS) into previous claims or other related matters.
6. I confirm that the applicant complies/ does not comply with the relevant labour laws and agreement gazetted by the Minister of Labour.

**NAME: ……………………………… DESIGNATION: ………………………...**

**SIGNATURE: ……………………… DATE AND YEAR: ……………………..**

**I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, AND THAT HE/SHE HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH, AND THAT HE/SHE CONSIDERS THIS OATH TO BE BINDING ON HIS/HER CONSCIENCE.**

**SIGNED and SWORN to before me at …………… on this ………. Day of ……….. Year.**

**COMMISSIONER OF OATHS.......................................FULL NAMES................................**

**CAPACITY: ...................................**

**BUSINESS ADRESS: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**AREA:**

**…………………………………………………………………………………………………**