

DATE.....

UNIT: IMPORT AND EXPORT CONTROL PRIVATE BAG X 192 PRETORIA 0001 FAX: (012) 394-0517 WWW.ITAC.ORG.ZA

		OFFICIAL FILE NO		
APPLICATION FOR IMPORT I	PERMIT FOR COMME	ERCIAL PURPOS	SES OR DONA	ATIONS
NOTE: 1. ALL INFORMATION 2. PROVIDE FULL CUST 3. TO BE COMPLETED 1	ΓOMS TARIFF HEADIN	T OR IN BLOCK	CAPITALS IN <u>OR</u>	N INK NEW
1. IMPORTERS CODE NUMBER				
2. NAME OF BUSINESS OR APPLICANT				
3. FULL POSTAL ADDRESS				
4. ANNUAL TURNOVER OF BUS	SINESS			
5. TEL NO:				
6. FAX NO:				
7. E-MAIL ADDRESS		<u> </u>		
8. CONTACT PERSON: DETAILS OF GOODS FOR WH	ICH AN IMPORT PER	MIT IS REQUIR	RED	
7. FULL TARIFF HEADING AND DESCRIPTION				
8. INDICATE NEW OR N USED GOODS	U 11	2. RAND VALUE TO BE IMPOR		
9. WILL CURRENCY BE N TRANSFERRED?	Y1	13. EXPECTED D ARRIVAL OF		
10. QUANTITY REQUIRED: E.G. UNITS/ KG/LITERS				ITY MUST BE IN TARIFF HEADING.)
11. COUNTRY (S) OF ORIGIN		14. CUSTOM	IS CLEARANO	CE OFFICE
I,		of		
in my capacity as	behalf of the applicant na	do hereby med herein and th	solemnly decl	are that I am authorised to make

SIGNATURE....