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| OFFICIAL FILE NO |  |

**APPLICATION TO REGISTER AS AN IMPORTER OR CHANGE OF CURRENT INFORMATION**

**NOTE: 1) ALL INFORMATION MUST BE PROVIDED**

 **2) APPLICATIONS MUST BE COMPLETED EITHER IN TYPESCRIPT OR IN BLOCK CAPITALS IN INK**

|  |  |  |
| --- | --- | --- |
| 1 | Name of Business or Applicant |  |
|  |  |  |  |  |  |
| 2 | TRADE NAME |  |
|  |  |  |  |  |  |
| 3 | CUSTOMS CODE NUMBER |  | 4 | CO, CC REGISTRATION NRor INDIVIDUAL ID NUMBER |  |
|  |  |  |  |  |  |
| 5 | CONTACT PERSON |  | 6 | BUSINESS COMMENCE DATE |  |
|  |  |  |  |  |  |
| 7 | TAX NUMBER |  | 8 | VAT NUMBER |  |
|  |  |  |  |  |  |
| 9 | PROVINCE |  | 10 | NUMBER of EMPLOYEES |  |
|  |  |  |  |  |  |
| 11 | TEL NUMBER |  | 12 | CELLULAR NUMBER |  |
|  |  |  |  |  |  |
| 13 | FAX NUMBER |  | 14 | E-MAIL ADDRESS |  |
|  |  |  |  |  |  |
| 15 | BUSINESS TYPE: | WHOLESALER |  | 16 | DESCRIPTION OF GOODS |  |
|  |  | RETAILER |  |  | HANDLED |  |
|  |  | MANUFACTURER |  |  |  |  |
|  |  |  |  |  |  |
| 17 | WAREHOUSE SIZE |  | m2 |  |  |  |
|  |  |  |  |  |  |
| 18 | POSTAL |  | 19 | PHYSICAL |  |
|  | ADDRESS |  |  | ADDRESS |  |
|  |  |  |  |  |  |
|  | POSTAL CODE |  |  | POSTAL CODE |  |
|  |  |  |  |  |  |
| 20 | NAME OF ANY OTHER TRADING CONCERNS OR BRANCHES WITH WHICH APPLICANT IS CONNECTED |
|  |  |  |

***The Applicant is hereby informed and accordingly consents that by signing and submitting this application form, information that may constitute ‘personal information’ as defined by the Protection of Personal Information Act 4 of 2013 (“POPIA”) may be collected and stored by ITAC. Should it be necessary, including but not limited to, circumstances wherein the application is dependent on a ‘recommendation’ by a select industry stakeholder or another state department or public entity, the Applicant also consents to such information being shared accordingly. Should the Applicant not consent to the above, the Applicant is requested not to submit this application and to liaise with the relevant ITAC officials regarding the aforementioned issue.***

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in my capacity as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby solemnly declare that I am authorized to make this application with annexure on behalf of the applicant named herein and that the information given in this declaration and annexure is to the best of my knowledge and belief true and correct.

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_