GUIDELINES AND CONDITIONS PERTAINING TO THE TEMPORARY REBATE PROVISIONS FOR FRESH, CHILLED OR FROZEN SALMON USED IN THE PROCESSING THEREOF

1. **PURPOSE**

The purpose of this document is to provide a reference and procedural guide for the application for a permit in terms of the rebate provision for fresh, chilled or frozen salmon used in the processing thereof.

### 2. SCOPE

2.1 The scope of this document covers the application process by applicants for a permit in terms of the above mentioned rebate provision.

###### 3. THE PURPOSE OF THE REBATE

3.1 The purpose of the rebate item is to assist SACU processors of Salmon to import fresh, chilled or frozen salmon, which is used in the processing thereof, duty free.

**4. APPLICATION**

4.1 Applications for rebate permits must be addressed to the International Trade Administration Commission, Private Bag X 753, Pretoria, 0001 or delivered by hand to the DTI Campus (Block E), 77 Meintjies Street, Sunnyside, Pretoria.

4.2 Applications for permits must be submitted according to the requirements as outlined in 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.

* 1. 4.3 If all the information requested in the application form is not submitted, the application is deficient and will not be considered, and it will be returned to the applicant.
	2. 4.4 At least fourteen (14) working days must be allowed for the processing of rebate permit applications and the issuing of the rebate permit.

4.5 Each rebate permit issued defines the period during which the goods concerned can be cleared under rebate, 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.

4.6 Rebate permits 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. Input material that has been imported under this rebate item cannot be sold on.

5. CONDITIONS

 5.1 Only processors of fresh, chilled or frozen salmon qualifies for a permit.

5.2 The application form must be accompanied by a letter of support, with a date not older than 30 days from the date of the application, from both of the following associations:

 5.2.1 The Western Cape Trout Association

 5.2.2 The Mpumalanga Trout Association

5.10 Non-compliance to the conditions of permits:

If there is a reason to believe that any condition of a permit issued in terms of this rebate provision is not complied with, the consignment in terms of which the rebate was used can be seized by ITAC. Where non-compliance is established, appropriate steps will be taken in terms of the International Trade Administration Act and the Customs and Excise Act and these can include, criminal charges, withdrawal of the permit or permits concerned and/or the rejection of future applications for permits.

INTERNATIONAL TRADE ADMINISTRATION COMMISSION OF SOUTH AFRICA

APPLICATION FOR A PERMIT IN TERMS OF THE REBATE PROVISION FOR REBATE OF THE DUTY

ON FRESH, CHILLED OR FROZEN SALMON FOR

THE PROCESSING THEREOF

**INFORMATION REQUIRED IN SUPPORT OF AN APPLICATION FOR A PERMIT IN TERMS OF THE REBATE PROVISION FOR REBATE OF THE DUTY ON FRESH, CHILLED OR FROZEN SALMON FOR THE PROCESSING THEREOF**

**QUESTION 1: STATE THE FOLLOWING INFORMATION REGARDING THE**

 **APPLICANT’S FIRM:**

|  |  |
| --- | --- |
| **Applicant (Company name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Importer’s code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****VAT registration no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Postal address:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Contact details of applicant:****Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Telephone no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Cell no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Fax no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Physical address where manufacturing takes place:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **The ITAC guidelines pertaining to rebate item 460.01/0302.1/01.05 and 460.01/0303.1/01.05, has been obtained and perused:**Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Details of salmon for which a rebate permit is required:**

|  |
| --- |
| * 1. **Description of goods imported:…………………………………. …………………………………………………………………………**

**2.2 Tariff subheading: ………………………………………****2.3 Quantity in kg:………………………………………………** **2.3 F.o.b. Value in R: ……………………………………………****2.4 Country of origin: …………………………………………****2.5 Planned date of import or period during which it is planned**  **to import: ………………………………..…………………..*** 1. **Port of entry: .………………………………………………**
 |

**3. Details of the processing of salmon from the products described under 2:**

|  |
| --- |
| * 1. **Description of goods to be produced:……………………..**
	2. **Tariff subheading:………………………………………………**
	3. **Estimated quantity in kg:……………………………………..**
	4. **Estimated sales value in R: ………………………………….**
 |

1. **Details of actual imports in terms of the previous permit:**

|  |
| --- |
| * 1.
	2. **Permit No. …….………………………………………….**
	3. **Quantity in Kg: …………………………………………..**

 **4.3 Value in R: ………………………………………………..**  |

1. **The application form must be accompanied by a letter with a date, not older than 30 days from the date of application, from the local producers as proof that the local producer(s) cannot supply sufficient quantities of the product in question.**

SWORN AFFIDAVIT

**Submit the following declaration by the Chief Executive Officer of the company concerned reflected on the company’s letterhead:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full names) with identity number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as the applicant)**

**hereby declare under oath that the information furnished in this application is to the best of my knowledge true and correct.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESIGNATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS STATEMENT, AND THAT HE/SHE HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH, AND THAT HE/SHE CONSIDERS THIS OATH TO BE BINDING ON HIS CONSCIENCE. THE STATEMENT WAS SWORN TO/AFFIRMED TO BEFORE ME AND THAT THE DEPONENTS SIGNATURE WAS PLACED THEREON BEFORE ME.**

**SIGNED and SWORN to before me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_ Day of \_\_\_\_\_\_\_\_\_ Year.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### COMMISSIONER OF OATH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Full names and surname