



International Trade Administration Commission of South Africa

IE461

DIRECTORATE: IMPORT and EXPORT CONTROL
PRIVATE BAG X 192
PRETORIA ,0001
TEL: 0861 843 384
FAX: (012) 394-0517

OFFICIAL
 FILE NO

APPLICATION FOR IMPORT PERMIT FOR COMMERCIAL PURPOSES

NOTE: 1 ALL INFORMATION MUST BE PROVIDED
2 PROVIDE FULL CUSTOMS TARIFF HEADING
3 TO BE COMPLETED EITHER IN TYPESCRIPT OR IN BLOCK CAPITALS IN INK

1 CUSTOMS CODE

2 NAME of BUSINESS or APPLICANT

3 FULL POSTAL ADDRESS

4 ANNUAL TURNOVER of BUSINESS R

5. TEL NO.

6. E-MAIL ADDRESS

DETAILS OF GOODS FOR WHICH AN IMPORT PERMIT IS REQUIRED

7 TARIFF HEADING and DESCRIPTION		11 ESTIMATED SALES FOR NEXT 6 MONTHS		12 RAND VALUE OF GOODS TO BE IMPORTED		13 EXPECTED DATE OF ARRIVAL OF SHIPMENT
	<input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						

10 QUANTITY REQUIRED UNITS/KG

14 COUNTRY(S) of ORIGIN

15 CUSTOMS CLEARANCE OFFICE

I, of do hereby solemnly declare that I am authorised to make in my capacity as..... do hereby solemnly declare that I am authorised 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.....



International Trade Administration Commission of South Africa

IE230

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PRIVATE BAG X 192
PRETORIA, 0001
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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. A VAT CERTIFICATE MUST BE SUBMITTED
3. APPLICATIONS MUST BE COMPLETED EITHER IN TYPESCRIPT OR IN BLOCK CAPITALS IN INK

1	NAME of BUSINESS Or APPLICANT	<input type="text"/>						
2	TRADE NAME	<input type="text"/>						
3	CUSTOMS CODE NUMBER	<input type="text"/>						
4	CO, CC REGISTRATION NR or INDIVIDUAL ID NUMBER	<input type="text"/>						
5	CONTACT PERSON	<input type="text"/>						
6	BUSINESS COMMENCE DATE	<input type="text"/>						
7	TAX NUMBER	<input type="text"/>						
8	VAT NUMBER	<input type="text"/>						
9	PROVINCE	<input type="text"/>						
10	NUMBER of EMPLOYEES	<input type="text"/>						
11	TEL NUMBER ()	<input type="text"/>						
12	CELLULAR NUMBER	<input type="text"/>						
13	FAX NUMBER ()	<input type="text"/>						
14	E-MAIL ADDRESS	<input type="text"/>						
15	BUSINESS TYPE:	<table border="1"> <tr> <td>WHOLESALER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RETAILER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>MANUFACTURER</td> <td><input type="checkbox"/></td> </tr> </table>	WHOLESALER	<input type="checkbox"/>	RETAILER	<input type="checkbox"/>	MANUFACTURER	<input type="checkbox"/>
WHOLESALER	<input type="checkbox"/>							
RETAILER	<input type="checkbox"/>							
MANUFACTURER	<input type="checkbox"/>							
16	WAREHOUSE SIZE	<input type="text"/> m ²						
17	DESCRIPTION OF GOODS HANDLED or TYPE OF BUSINESS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
18	POSTAL ADDRESS	<input type="text"/> <input type="text"/> <input type="text"/>						
19	PHYSICAL ADDRESS	<input type="text"/> <input type="text"/> <input type="text"/>						
20	POSTAL CODE	<input type="text"/>						
20	NAMES of ANY OTHER TRADING CONCERNS or BRANCHES WITH WHICH APPLICANT IS CONNECTED	<input type="text"/> <input type="text"/> <input type="text"/>						

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in my capacity as do hereby solemnly declare that I am
authorised 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.....