

**APPLICATION FORM FOR MARKET ACCESS PERMITS FOR THE CALENDAR YEAR 2007  
(Please note that an application form is necessary for each product)**

1. NAME OF IMPORTER: .....
2. POSTAL ADDRESS: ..... CODE: .....
3. RESPONSIBLE PERSON: .....
4. TELEPHONE NUMBER: CODE: ..... NUMBER: ..... CELL NO.:.....
5. FAX NUMBER: CODE: ..... NUMBER: .....
6. E-MAIL ADDRESS: .....
7. COMPANY/CC REGISTRATION NUMBER: .....  
(NB: First time applicants: Please include a copy of the registration certificate (obtainable from the Department of Trade and Industry (DTI))
8. CUSTOMS CODE NO.: .....  
(NB: First time applicants: Please include a copy of the Customs Code Certificate (obtainable from SARS))

9. INDICATE PRINCIPAL BUSINESS:	AGENT	MANUFACTURER	PROCESSOR	RETAILER	OTHER
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If other, specify:.....

**10. CLASSIFICATION OF CATEGORIES:  
For classification into categories (see Item 1, 4.1 and 4.2 of schedule) please complete:-**

*BEE CRITERIA	HISTORICAL CATEGORY	BEE-CATEGORY	SMME AND NEW IMPORTER'S CATEGORY
1. Ownership	Turnover:.....	Turnover:.....	Turnover:.....
2. Management			
3. Skills Development	Capital Investment.....	Capital Investment.....	Capital Investment.....
4. Preferential Procurement			
5. Employment Equity	Permanent Employees.....	Permanent Employees	Permanent Employees.....
6. Enterprise Development			
7. Corporate Social Investment			

\* According to the Broad-Based Black Economic Empowerment Act, Act No. 53 of 2003 – indicate compliance with the criteria

**11. APPLICATION – SUBMISSION FOR THE PERIOD .....**

TARIFF HEADING OF PRODUCT	DESCRIPTION OF PRODUCT	QUANTITY APPLYING FOR: Tonne/Litres

**12. Summary of BILLS OF ENTRY** Quantity imported over the past three years (first time applicants and where applicable) **PLEASE NOTE: A detailed list of bills of entry (not copies of documents) must be attached to this application form.**

TARIFF HEADING	TOTAL FOR 2004 (from 1 November 2003 – 31 October 2004)	TOTAL FOR 2005 (from 1 November 2004 – 31 October 2005)	TOTAL FOR 2006 (from 1 November 2005 – 31 October 2006)

PLEASE COMPLETE AFFIDAVIT ON THE NEXT PAGE. THE AFFIDAVIT ON THE NEXT PAGE IS AN INSEPARABLE PART OF THE APPLICATION FORM AND MUST BE SUBMITTED WITH EACH QUARTERLY, HALF-YEARLY OR ANNUAL APPLICATION.

**AFFIDAVIT**

I the undersigned

\_\_\_\_\_

do hereby make oath / affirmation and declare that:

- 1. I am duly authorized to depose to this affidavit on behalf of the applicant; and
- 2. The particulars contained in the application form are true and correct.

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2006/ 7

\_\_\_\_\_

DEPONENT

**(to be signed in the presence of a Justice of the Peace or Commissioner of Oaths)**

1. I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence.

(1) Do you know and understand the contents of the declaration?

Answer .....

(2) Do you have any objection to taking the prescribed oath?

Answer .....

(3) Do you consider the prescribed oath to be binding on your conscience?

Answer .....

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration. The deponent utters the following words: "I swear that the contents of this declaration are true so help me God" / "I truly affirm that the contents of the declaration are true." The signature/mark of the deponent is affixed to the declaration in my presence.

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**JUSTICE OF THE PEACE  
COMMISSIONER OF OATHS**

**TO BE COMPLETED BY THE JUSTICE OF THE PEACE/COMMISSIONER OF OATHS:**

**FULL FIRST NAMES AND SURNAME:  
(BLOCK LETTERS)** \_\_\_\_\_

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

**BUSINESS ADDRESS:  
(STREET ADDRESS)** \_\_\_\_\_

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

**PLACE:** \_\_\_\_\_