



Swaziland Revenue Authority

CUSTOMS AND EXCISE DEPARTMENT

CE185



P.O. Box 5628, Mbabane, Swaziland Tel: (+268) 2406 4000 Fax: (+268) 2406 4001 E-mail: info@sra.org.sz Website: www.sra.org.sz

APPLICATION FORM FOR REGISTRATION/LICENSING

Notes for completion of the form

1. Please indicate with an "X" in the applicable box.
2. If the space provided on form CE185 and applicable annexure (s) is insufficient, the information must be furnished on a separate page, which must be attached to the form CE185 and the annexure.
3. Where the asterisk(*) appears, delete whichever is not applicable
4. Please reflect the relevant SRA client number, warehouse number or rebate user number when applying for the amendment of existing information or for a total cancellation per client type.
5. Please take note that a separate application form must be completed for each client type.
6. Please complete Annexure CE110 where security must be furnished.
7. Please complete Annexure CE49A.02 for registration as an exporter.

1. BUSINESS/PERSONAL PARTICULARS

TIN	<input type="text"/>
Registered Name of Business/Applicant:	<input type="text"/>
Business Address (street name)	<input type="text"/>
Building Name (including Floor Number)	<input type="text"/>
Town:	<input type="text"/>
Business/Personal Contacts	<input type="text"/>
Email	<input type="text"/>

2. NATURE OF BUSINESS (mark with "X" where applicable)

Company Close Corporation Trust Sole Proprietor Partnership Individual
 Co-op Public Authority Foreign entity Other

Company Registration Number	<input type="text"/>
Close Corporation Registration Number	<input type="text"/>
Trust Registration Number	<input type="text"/>
Other (please specify)	<input type="text"/>

3. EXISTING REGISTRANT/LICENSEE PARTICULARS

Customs Client Number:

(If currently registered/licensed with Customs)

4. PURPOSE OF APPLICATION ("X" where applicable)

New Registration/ Licensee or Renewal Amendment of existing information Cancellation

5. CLIENT TYPES

REGISTRATION (section 51)	4B. LICENSING (section 60,61,62,63 and 64)
4A1. Exporter annexure:	4B1. Special Manufacturing Warehouse
• Exporter for SADC	4B2. Manufacturing warehouse
• Exporter for AGOA	4B3. Storage warehouse
• Approved exporter for EU-SADC EPA	4B4. Special Storage Warehouse
• Exporter for GSP(various countries)	4B5. Clearing Agent
• Exporter for COMESA	4B6. Remover of goods in bond
• Exporter for SACU - EFTA	4B7. Distributor of fuel
• Exporter for SACU - MERCOSUR	

6. Please state the Customs and Excise Office where you will be licensed (where your head office is situated).

Please state your employee(s) at each place where business will be conducted with Customs and Excise.

Name	Place <i>(Customs and Excise Office)</i>

7. Contact Person (Particulars of person who can be contacted regard this application).

Surname

First Name

Telephone (Including code): Code Tel:

Fax Number : Code Fax:

Email address

Cellphone No:

Capacity

8. INFORMATION REGARDING CONTRAVENTIONS AND OTHER MATTERS.

Please indicate whether during the preceding five years, the business entity:

- a) Has contravened or failed to comply with the provision of the Act YES NO
- b) Has failed to comply with any condition, obligation or other requirement imposed by the Commissioner YES NO
- c) Has been convicted of any offence under the Act, YES NO
- d) Has been convicted of any offence involving dishonesty YES NO
- e) Has made any false or misleading statement in any material respect or omitted to state any material fact which was required to be stated in any application for registration or for any other purpose under the Act. YES NO
- f) Has ever been insolvent or in liquidation. YES NO

Note:

- If the answer is “yes” to any of the above questions in block 8, full details must be furnished on a separate page and attached to the application.
- Any applicant may, where it is contended in respect of paragraphs (a) and (b) that the contravention or failure was inadvertent, without fraudulent intent or gross negligence a submission to this effect should be furnished on a separate page and attached to the application.

9. DECLARATION:

I here by:

- a) Declare that the particulars in the application and all enclosures are true and correct, and
- b) Undertake to:
 - i. Inform the Swaziland Revenue Authority immediately of any changes in the particulars furnished in the application
 - ii. Comply with such customs and excise laws and procedures.

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Initials and Surname	Status/Capacity e.g. Director
.....
Signature	Date & Place

10. FOR OFFICIAL USE

Registration Number

License Date