energy

Department:
Energy
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR WHOLESALE LICENCE

PETROLEUM PRODUCTS ACT 120 OF 1977 AS AMENDED - PETROLEUM PRODUCTS WHOLESALE LICENCE REGULATIONS 2006

INSTRUCTIONS

1. READ REGULATIONS BEFORE COMPLETING THIS APPLICATION FORM.
2. USE CAPITAL LETTERS AND WHERE APPLICABLE MARK WITH A ☒.
3. **INDICATE IF APPLICATION IS FOR AN EXISTING OPERATION (CONVERSION LICENCE) OR A NEW OPERATION APPLICATION (NEW LICENCE)**

☐ CONVERSION LICENCE ☐ NEW LICENCE

OFFICIAL USE ONLY

WHOLESALE LICENCE NUMBER

/ /

SECTION 1: APPLICANT'S DETAILS

REGISTERED NAME IN FULL

TRADE NAME IN FULL

POSTAL ADDRESS OF REGISTERED OFFICE

POSTAL CODE

PHYSICAL ADDRESS OF REGISTERED OFFICE

POSTAL CODE

BUSINESS TEL NO. (INCLUDE CODE)

FAX NO. (BUSINESS)

MOBILE PHONE NUMBER

E-MAIL ADDRESS

ENTER DETAILS OF DESIGNATED PERSON OF THE ENTITY (IN CASE OF INDIVIDUAL, ENTER APPLICANTS DETAILS)

TITLE

FAMILY NAME

FIRST NAME

IDENTITY NO.

SECTION 2: APPLICANT'S BUSINESS DETAILS

Indicate by cross ☒ type of entity or specify in "other"

☐ LIMITED LIABILITY COMPANY ☐ CLOSE CORPORATION ☐ SOLE TRADER

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ BODY CORPORATE

☐ TRUST ☐ OTHER

IF OTHER (SPECIFY)

REGISTRATION NUMBER

TAX NUMBER

INDICATE OWNERSHIP BY HISTORICALLY DISADVANTAGED SOUTH AFRICANS (HDSA's) IN PERCENTAGE %

PHYSICAL ADDRESS (where wholesaling operations are/will be based)

STREET NAME1

STREET NAME2

STREET NO.

SUBURB

TOWN/CITY

POSTAL CODE

MUNICIPAL AREA/LOCAL AUTHORITY

INDICATE PROVINCE WHERE THE WHOLESALING ACTIVITIES ARE/WILL BE CARRIED OUT

☐ EASTERN CAPE ☐ FREE STATE ☐ GAUTENG ☐ KWAZULU-NATAL

☐ LIMPOPO ☐ MPUMALANGA ☐ NORTHERN CAPE ☐ NORTH WEST

☐ WESTERN CAPE

SECTION 3: VOLUMES SOLD BY APPLICANT
VOLUMES (LITRES) SOLD IN LAST CALENDAR YEAR.
(For wholesaling operations that existed before 31 March 2006)

PETROL

DIESEL

ILLUMINATING PARAFFIN

AVIATION GASOLINE

LIQUIFIED PETROLEUM GAS

JET FUEL

BIOFUELS

DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FOR A WHOLESALE LICENCE

1. A certified copy of the applicant's identity document, if the applicant is a natural person, and in the case of a non- South African citizen, permanent residence permit or employment permit and proof of residence in South Africa, or proof of domicile in South Africa, as the case may be. OR a certified copy of the business entity's registration documents, if the applicant is a corporate entity or a trust.
2. A declaration by the applicant stating that the applicant is in compliance with the Charter or a statement of its plans to meet the requirements of the Charter.
3. A declaration by the applicant, who qualifies in terms of Section 2D of the Act, that the applicant is in compliance with all national, provincial and local government legal requirements applicable for the operation of the activity concerned that are in force at the time the application is made.
4. A list of all storage and distribution facilities intended to be used, including shared storage and distribution facilities, with specific reference to- a. the location; b. the capacity; c. the ownership, including the ownership of the land on which the storage facilities are situated, and, in the case of shared ownership, the basis of sharing; and d. the names of other wholesalers sharing the same facilities. The information required in terms of attachment number 5 must be provided in respect of the different prescribed petroleum products which are to be stored.
5. If necessary, the original or certified copy of a declaration by the applicant giving reasons why any attachment required is not provided.

DECLARATION

I (full names)……..…..hereby declare that all information provided herein is within my personal knowledge and that-

a) I am duly authorised to make this declaration;
b) I am the designated person responsible for this licence and any conditions attached thereto;
c) I have read and understood the regulations related hereto, with specific reference to Regulation 25 regarding any false declaration; and
d) all information provided herein is to the best of my knowledge true and correct.

Signed at……..……(place) on this…….. day of……..……...……(month)

……. (year)

……..……...
Signature

I certify that the deponent-

(a) has acknowledged that he/she knows and understands the contents of this application form and its annexures, that he/she has no objection to taking the prescribed oath and that he/she considers the oath binding on his/her conscience; and
(b) has in the prescribed manner sworn that the contents of this application form and its annexures are true and signed same before me at ……..……. (place) on this ……day of ……..……(month)……..….(year).

_____

COMMISSIONER OF OATHS

Name: _____

Address: _____

Capacity: _____

NOTE: If this application form is completed electronically it must be printed out, signed before a Commissioner of Oaths and submitted with the necessary supporting documents and submitted to the appropriate regional office using the relevant address, mentioned below.

GAUTENG Private Bag X 96 Pretoria, 0001 **Physical Address** 192 Visagie Street Corner Paul Kruger & Visagie Street Pretoria Tel: 012 406 8000	**NORTHERN CAPE** Private Bag X 6093 Kimberley, 8300 **Physical Address** 65 Phakamile Mabija Street Perm Building, 3rd floor Kimberley Tel: 053 836 4000 Fax: 086 562 7065	**WESTERN CAPE** Private Bag X 31 Roggebaai, 8012 **Physical Address** 5th Floor Constitution House 124 Adderley Street Cape Town Tel: 021 446 3301
LIMPOPO Private Bag X 9712 Polokwane, 0700 **Physical Address** 18A Landros Mare Street Polokwane Tel: 015 230 3600 Fax: 015 975 045	**MPUMALANGA** P. O .Box 17851 Witbank, 1035 **Physical Address** ABSA Building 131 Corner Rhodes and Haigh Avenue Witbank Tel: 013 658 1400	**FREE STATE** Private Bag X 3658 Welkom, 9460 **Physical Address** The Strip Building 314 Stateway Street Cnr Stateway and Bok Streets Welkom Tel: 057 391 1326/1300 Fax: 057 352 2673
KWA-ZULU NATAL Private Bag X 54307 Durban,4000 **Physical Address** 275 Anton Lembede Street, Aqua Sky Towers Building, 6th floor, Durban Central Tel: 031 3347 700 Fax: 086 610 6380	**EASTERN CAPE** Private Bag X 13011 Cambridge East London, 5206 **Physical Address** Waverley Office 3 – 33 Philip Frame Road Chiselhout East London Tel: 043 703 6000	**NORTH WEST** Private Bag X 2075 Mahikeng , 2745 **Physical Address** 21 Connaught Street Golf View Mafikeng Tel: 018 397 8600 / 8601 / 8602 / 8603 / 8604