

APPLICATION FORM: REGISTRATION/LICENSING OF CUSTOMS AND EXCISE CLIENTS

1. NOTES FOR THE COMPLETION OF FORM 1. Please indicate with an "X" in the applicable box. 2. If the space provided on form CE 185 is insufficient, the information must be furnished on a separate page, which must be attached to the form CE 185 3. Where the asterisk (*) appears, delete which ever is not applicable. 4. Please reflect the relevant Customs and Excise client number, Customs and Excise 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 CE 185.C where security must be furnished													
2. EXISTING REGISTRAN													
If currently registered/licens			ted Custo	oms code o	r client num	ber	11111	11111	1 1 1				
3. PURPOSE OF APPLICA													
New Registration/Licensee renewal:				ng informati	on:		Cancellation						
4. CLIENTS TYPES													
4. A REGISTRATI	ON			4. B LICENSING									
4A1 Importer				4B1 Spec	cial Manufac	cturing W	Varehouse						
4A2 Exporter				4B2 Man	ufacturing V	Varehous	se						
 Exporter 				4B3 Stora	age Wareho	use							
Exporter for AGG	OA			4B4 Spec	cial Storage	Wareho	ouse		Тп				
Exporter for SADC .03				4B5 Clearing Agent									
Approved exporter for EC/SACU				4B6 Remover of goods in bond									
Exporter for GSP (various countries)				4B7 Distributor of fuel									
4A3 Rebate user (Schedule 3,4 and 6)													
4A4 Manufacturer for AGOA													
4A5 Special Manufacturing Warehouse													
4A7 Producer for GSP													
5. BUSINESS / PERSON P	ARTICULARS												
Registered name of busines	ss of name of												
applicant Business address: Street n	ame and number:												
Building name and floor nu	ımber:												
City/Town:													
Postal Address													
City / Town													
	Bus	ne and Fax number				()	()					
		Business e-m	nail addre	ess				I					

6. NATURE BUSINESS														
Compan Sole Proprietor Partnership Others														
Company Registration number:														
Close Corporation registration number:														
Other (Please specify):														
7. REGISTRATION PARTICULARS														
VAT Registration number														
PAYE Number														
Income Tax licensed														
Full name, surname and ID/Passport number(s) of Sole Proprietor and/* or all Partners/*Managing Director/*financial Director/*Director/*member/*Trustees														
Full name														
Surname														
ID IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII														
Passport No														
ii) Initials: Full name														
Surname														
Passport														
No														
Surname														
Passport														
No														
Surname Surname														
ID III III III III III III III III III														
Passport No														
v) Initials	_													
ID III														
Passport No														
8 CONTACT PERSON (Particulars of person who can be contacted regarding this application)														
Surname														
First Name														
Telephone dialing code														
Cellular phone number Capacity														

9. ACCOU	NTANT / A	ACCOUN.	TING DET	AILS														
Name of Accountant/Accounting firm:																		
Particulars of the Accountant/Auditor or Accounting Officer																		
Initials		First name																
Surname																		
	ephone dia							Te	lephon	e num	ber							
Business address: Street name and number																		
Building na	me and flo	or numbe	r															
City / Town																		
Postal address City / town																		
Oity / town																		
10. INFORI	MATION R	EGARDII	NG CONT	RAVEN	ITION	IS AI	ND O	THE	R MAT	TERS								
Please indi												les						
a) Has cont	ravened o	r failed to	comply w	h the p	orovisi	ons	of the	e 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								Yes		No)							
any other purpose under the Act. F) Has ever been insolvent or in liquidation										Yes		No)					
Note:													l .					
	the answere the the		to any of	ne abo	ve qu	estio	ns in	bloc	k 10, fu	ll deta	ils must b	e furnish	ed on	a sepa	arat	e ad a	ttache	ed to
 Any applicant may, where it is contended in respect of paragraph (a) and (b) that the contravention or failure was inadvertent, without fraudulent intent or 																		
• Contraction	Pross negli	gence, a	submissio	to this	effec	t sho	ould b	oe fu	rnished	on a s	separate p	page and	attac	hed to	the	applic	ation	
	eclare that ndertake t		culars in th	e appli	cation	and	l all e	nclos	sures ai	e true	and corre	ect; and						
i) inform the Botswana Revenue Service immediately of any changes in the particulars furnished in the application;																		
	ii)		y with suc	Custo	oms a	nd E	xcise	laws	s and p	rocedu	ıres.							
(Initials and Surname) (Status / Capacity, e.g. Director)																		
(Signature) (Date and Place)																		