



NOMINATION OF REGISTERED AGENT

1. NOTES FOR THE COMPLETION OF FORM
<p>1. Please indicate with an "X" in the appropriate block(s) whichever is applicable</p> <p>2. Please reflect the relevant customs and excise client number for the registered agent, if already registered or licensed for any activity regulated by the Act.</p> <p>3. A separate form DA 185.D must be completed and submitted for each registered agent that is nominated and be attached to the DA 185 application form.</p>

2. FOREIGN PRINCIPAL PARTICULARS

I / We (herein after known as the "Principal):												
Individual:	First two Names:											
	Surname:											
Passport No:											Passport Country (e.g. South Africa = ZAF)	
Company Registered name:												
Company / CC / Trust Reg. No.												
Business Physical address:												
										Street code:		
Country Code												
Postal Address:												
										Postal code		
Business Telephone:			Code: (____)		Tel. (____)			Fax number:		Code: (____)		Fax. (____)
Business e-mail address:												
Customs Number:												
Herein represented by:												
(1)					(2)							
(Capacity)					(Capacity)							
being duly authorised thereto by virtue of –												
(a) *a resolution passed at a meeting of the Board of Directors, held at on the day of (CCYY); or												
(b) *express consent in writing of all the members of the close corporation /* partners of the partnership /* trustees of the trust; or												
(c) * being a person having the management of any other association;												
do hereby appoint / cancel the party specified under part 3 of this application as Registered Agent for the functions set out in part 4.												

3. REGISTERED AGENT PARTICULARS (as reflected on DA 185)

I / We accept / cancel the appointment as Registered Agent for the functions set out in part 4 of this application:													
Individual:	First two Names:												
	Surname:												
Identity No:													
Company Registered name:													
Company / CC / Trust Reg. No.													
SARS Identification Numbers	Customs Number:											Income Tax Number:	
Business Physical address:													

				Street code:			
Country Code							
Postal Address:							
				Postal code			
Business Telephone:		Code: (____)		Tel. (____)		Fax number:	
						Code: (____) Fax. (____)	
Business e-mail address:							
Herein represented by:							
(1)		(Capacity)		(2)		(Capacity)	
being duly authorised thereto by virtue of –							
(a) *a resolution passed at a meeting of the Board of Directors, held at on the day of (CCYY); or							
(b) *express consent in writing of all the members of the close corporation /* partners of the partnership /* trustees of the trust; or							
(c) * being a person having the management of any other association.							

4. NOMINATED RELATIONSHIP:													
Importer's registered agent:			Cancel relationship		Effective date:	C	C	Y	Y	M	M	D	D
Exporter's registered agent:			Cancel relationship		Effective date:	C	C	Y	Y	M	M	D	D
Licensed remover's registered agent:			Cancel relationship		Effective date:	C	C	Y	Y	M	M	D	D

5. SIGNED BY THE FOREIGN PRINCIPAL:

I/ We hereby declare that the particulars in the application are true and correct and undertake to comply with such customs and excise laws and procedures.

(1) (2)
Signature of Principal *Signature of Principal*

at on the day of
Name of Town or City *No.* *Month and Year*

In the presence of the subscribed witnesses:

Witnesses: (1) (1)
Signature *Signature*

(2) (2)
Signature *Signature*

6. SIGNED BY THE REGISTERED AGENT:

I/ We hereby declare that the particulars in the application are true and correct and undertake to comply with such customs and excise laws and procedures.

(1) (2)
Signature of Registered Agent *Signature of Registered Agent*

at on the day of
Name of Town or City *No.* *Month and Year*

In the presence of the subscribed witnesses:

Witnesses: (1) (1)
Signature *Signature*

(2) (2)
Signature *Signature*