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EASTERN CAPE LIQUOR ACT, 2003 (Act No. 10 of 2003)

APPLICATION FOR TRANSFER OF CERTIFICATE OF REGISTRATION

Application prepared by :

Postal Address :

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Telephone No. :

Cell Number :

E.mail Address :

PART A

INFORMATION RELATING TO THE APPLICANT WHO IS THE HOLDER OF CERTIFICATE OF REGISTRATION

1. Full name of applicant :
 2. If applicant is not a natural person, state the name, identity number and address of each shareholder, member, partner or beneficiary :
 3. Under what name is the registered business conducted:
 4. a) Describe the situation of the premises where the registered business is conducted with reference to the erf, street and farm number :
 - b) In which ward and municipality is the premises referred to in subparagraph (a), situated?
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I declare / truly affirm that the information in this application and in the documents attached to it, is true and also hereby give consent to be communicated to through multimedia or any form of communication.

Date :

.....
Signature of applicant who is the holder of the registration or person authorized to sign application

I certify that this declaration has been signed and sworn to / affirmed before me at this Day of by the holder of the certificate of registration / person authorized to sign application who acknowledged that:-

- (i) He / she knows and understands the contents of this declaration;
- (ii) He / she has no objection to taking the prescribed oath / affirmation; and
- (iii) He / she considers the prescribed oath to be binding on his / her conscience and that he / she uttered the following words:

"I swear that the contents of this declaration are true, so help me God / I truly affirm that the contents of this declaration are true".

.....
COMMISSIONER OF OATHS

Full name :

Business Address :

Designation :

Area for which appointment is held :

Office held if appointment is ex officio :

PART B

INFORMATION RELATING TO THE APPLICANT WHO IS THE PROSPECTIVE HOLDER

1. a) Full name of applicant :
- b) Age :
- c) Identity number or in the case of a company or close corporation, its registration number :
- d) Residential address or address of registered office :
- e) Business address :
- f) Postal address :

g) Business telephone number :
[Delete (b) if applicant is not a natural person]

2. a) Is applicant a person who -

i) is an unrehabilitated insolvent? YES NO

ii) is a minor? YES NO

iii) is the partner of a person contemplated in subparagraphs (i) or (ii)? YES NO

b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (a) -

i) has a controlling interest in such company, close corporation or trust YES NO

ii) is a partner in such a partnership YES NO

iii) is the main beneficiary under such a trust YES NO

c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details :
.....
(Use an annexure if necessary)

3. a) State the name, identity number and address of each person -

i) who, including the holder of the registration certificate, has any financial interest in the business to which the registered certificate relates; and

ii) who including the applicant, will have such interest if the application is granted, and in each case, the nature and extent of such interest. [In the case of a public company, statutory institution or a co-operative as contemplated in the Co-operatives Act, 1981 (Act No. 91 of 1981), it shall be sufficient if only the name and postal address of such company, statutory institution or co-operative, as the case may be, the name of each director (if any) thereof and the nature and extent of the financial interest of such company, statutory institution or co-operative are furnished and not also the interests of individual members of such company, statutory institution or co-operative]. :

.....
[Use an annexure if necessary]

b) State the financial interest in the liquor trade in the Republic of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member of partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact shall be specifically mentioned) :

.....
(Use an annexure if necessary)

4. Under what name is the business to be conducted?

I declare / truly affirm that the information in this application and in the documents attached to it, is true and also hereby give consent to be communicated to through multimedia or any form of communication.

Date :

.....
Signature of applicant who is the prospective holder or person authorized to sign application

I certify that this declaration has been signed and sworn to / affirmed before me at this Day of by the applicant / person authorized to sign application who acknowledged that:-

- (i) He / she knows and understands the contents of this declaration;
- (ii) He / she has no objection to taking the prescribed oath / affirmation; and
- (iii) He / she considers the prescribed oath to be binding on his / her conscience and that he / she uttered the following words:

“I swear that the contents of this declaration are true, so help me God / I truly affirm that the contents of this declaration are true”.

.....
COMMISSIONER OF OATHS

Full name :

Business Address :

Designation :

Area for which appointment is held :

Office held if appointment is ex officio :