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GOVERNMENT NOTICES • GOEWERMENSKENNISGEWINGS

DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT

NO. R. 65

01 FEBRUARY 2021

INVITATION TO SUBMIT APPLICATIONS FOR A DALRRD QUOTA IMPORT PERMIT IN TERMS OF THE REBATE ITEM 460.03/0207.14.9/01.07 FOR REBATE OF THE FULL ANTI-DUMPING DUTY ON BONE-IN-CUTS OF THE SPECIES GALLUS DOMESTICUS, FROZEN, CLASSIFIABLE IN TARIFF SUBHEADING 0207.14.9 IMPORTED FROM OR ORIGINATING IN THE UNITED STATES OF AMERICA (USA)

Interested parties are hereby invited to submit their applications for DALRRD import quota permits in terms of the following rebate provision as prescribed in the Government Gazette Notice No.42203 of 1 February 2019 for the period 01 April 2021 to 31 March 2022. Applications must be submitted in the format as set out in the application forms attached as an Annexure A. Completed application forms must be submitted to DALRRD during the following time periods:

- a) For the First Quarter of the Quota Year valid for importation during the period 01 April to 30 June: Within two weeks from the date of publication of this notice.
- b) For the Second Quarter of the Quota Year valid for importation during the period 01 July to 30 September: From 01 to 15 May.
- c) For the Third Quarter of the Quota Year valid for importation during the period 01 October to 31 December: From 01 to 15 August.
- d) For the Fourth Quarter of the Quota Year valid for importation during the period 01 January to 31 March: From 01 to 15 November.

The quota will be allocated on a quarterly basis in equal amounts per quarter.

Applicants must provide bills of entry of quantity imported over the past 3 years (2018, 2019 and 2020). Failure to submit may have a negative effect on the quantity allocated.

A Tax Compliance Status Pin is compulsory to all applicants/clients applying for preferential market access permits. A Tax Compliance Status Pin has to confirm that the company is in good standing with SARS. A company not in good standing with SARS will be disqualified

Companies with the same directors/owners will not be allowed to apply separately; only one application will be accepted.

The request for an extension must be made during a period commencing on the 1st day of the corresponding qualifying quarter (Q2 & Q4) and ending 12 working days before the last day of the corresponding qualifying quarter (Q2 & Q4). Where the last day of such period falls on a weekend or a public holiday, the final day to request an extension is the immediately preceding working day. To be verifiable, Applicants must submit bills of entry to document how much of a quota remains unused. Failure to comply with these requirements shall result in the denial of a request for an extension.

Applicants applying for an extension must submit a quarterly quota utilisation report obtainable from SARS.

The applications must be hand delivered to the following address from 08H00 – 16H00 Monday to Friday:

Department of Agriculture, Land Reform and Rural Development
Sefala building, Room No. 715,
503 Belvedere Street, Arcadia, Pretoria,
Contact person: Ms. Elizabeth Matlala
Contact number: (012) 319 8076
Email: ElizabethMA@dalrrd.gov.za

FEES FOR THE DALRRD QUOTA ALLOCATION IMPORT PERMIT

A fee of R1 480.00 per permit will be payable for permits, replacement permits and extension permits issued from the 01 April 2021.

All application forms should be accompanied by proof of payment (bank deposit slip or cashier receipt).

Payment is to be made as follows:

Payment to Department of Agriculture, Land Reform and Rural Development bank account
Bank: Standard Bank
Branch: Arcadia
Branch No: 01-08-45
Account No.: 013024175
Account Name: NDA: Marketing Administration-Trade Incentives

OR

Payment in cash: DALRRD Cashier,
Pretoria
Agricultural Place, 20 Steve Biko Drive,
Arcadia,
Block S: Room GF 14

Payment must be made per application period and no payments should be made in advance for another period.

There will be no refunds to applicants who pay more than the stipulated import permit fee and those who submit incomplete application.

MR. M. RAMASODI
ACTING DIRECTOR-GENERAL: AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT
DATE:



ANNEXURE A

APPLICATION FORM FOR A DALRRD QUOTA ALLOCATION IMPORT PERMIT FOR A QUARTERLY QUOTA UNDER REBATE ITEM 460.03/0207.14.9/01.07

1. **NAME OF IMPORTER:**.....
2. **POSTAL ADDRESS:**..... **CODE:**
3. **PHYSICAL ADDRESS:**.....**CODE:**.....
4. **RESPONSIBLE PERSON:**.....
5. **TELEPHONE NUMBER: CODE:** **NUMBER:** **CELL NO.:**.....
6. **FAX NUMBER: CODE:** **NUMBER:**
7. **E-MAIL ADDRESS:**
8. **LOCATION OF THE BUSINESS**

PROVINCE	LOCAL MUNICIPALITY	DISTRICT

9. **COMPANY/CC REGISTRATION NUMBER:**
(NB: First time applicants: Please include a copy of the registration certificate (obtainable from the Companies and Intellectual Property Commission (CIPC))
10. **CUSTOMS CODE NO:**.....
(NB: First time applicants: Please include a copy of the Customs Code Certificate (obtainable from SARS))
11. **SARS TAX CLEARANCE CERTIFICATE NUMBER AND DATE:**
(NB: Please attach the copy of the SARS Certificate-applicable to all applicants)
12. **INDICATE PRINCIPAL BUSINESS THAT YOU UNDERTAKE:**

AGENT	MANUFACTURER	PROCESSOR	RETAILER	OTHER

IF other please specify.....

13. For classification please complete:-

ENTERPRISE CLASSIFICATION	
LARGE	
QSE	
EME	
HDI	
Investment (Financial and Human)	
Turnover in Rand	R
Capital Investment	R
Number of permanent employees	
Number of part-time employees	

14. APPLICATION – SUBMISSION FOR THE PERIOD

TARIFF HEADING OF PRODUCT	DESCRIPTION OF PRODUCT	QUANTITY APPLYING FOR: Tonnes

15. Summary of BILLS OF ENTRY IMPORT

Quantity imported over the past 3 years.

TARIFF HEADING	TOTAL FOR 2018	TOTAL FOR 2019	TOTAL FOR 2020

16. INDICATE PAYMENT OPTION IN ACCOUNT NO. 013024175 AND ATTACH PROOF OF PAYMENT	BANK	CASH RECEIPT NO

17. PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION FORM:

- 17.1 A copy of the applicant's valid South African identity document (if the applicant is a natural person) or a valid certificate of registration or incorporation in South Africa (if the applicant is a juristic person);
- 17.2 A copy of the applicant's valid veterinary import permit as required by section 13(1)(a) of the Meat Safety Act, 40 of 2000;
- 17.3 A copy of the applicant's valid SARS tax clearance certificate; and
- 17.4 Proof that the applicant is registered with SARS as an importer.

18. IN ADDITION TO THE DOCUMENTS LISTED IN PARAGRAPH 17 ABOVE PLEASE ATTACH THE FOLLOWING:**18.1 Please attach the following documents if the applicant is a HI:**

- 18.1.1 Documents for the last three (3) years or an otherwise motivated timeframe, which will prove that the entity applying is an established company and not a dormant company or a company that is not in a financially sound position (e.g. Imports by Bill of Entry number, Balance Sheet, Income and Cash Flow statements); and
- 18.1.2 Documentation to prove its BBBEE status in terms of the BBBEE Act and Code.

18.2 Please attach the following documents if the applicant is an HDI:

- 18.2.1 A Curriculum Vitae/profile of the applicant;
- 18.2.2 If a company applies, proof that it is wholly owned by HDIs, including certified copies of share certificates and a BBBEE verification certificate by an accredited rating agency to confirm its BBBEE status;
- 18.2.3 If a company in partnership with an HDI applies, proof that the HDI is the majority shareholder of this company, including certified copies of share certificates and share registers and a BBBEE verification certificate by an accredited rating agency, or similar document, to confirm its BBBEE status;
- 18.2.4 Letters of intent from the buyers of imported meat; and
- 18.2.5 Indication of ability and capacity to import a minimum of 135 tonnes of bone-in cuts in a single consignment.

AFFIDAVIT IN RESPECT OF AN APPLICATION FOR A DALRRD QUOTA ALLOCATION IMPORT PERMIT IN TERMS OF REBATE ITEM 460.03/0207.14.9/01.07 OF SCHEDULE 4 TO THE CUSTOMS AND EXCISE ACT, 1964

NB: The obligation to complete and submit this affidavit cannot be transferred to an external authorised representative, auditor or any other third party acting on behalf of the applicant.

I, the undersigned _____
 (Full names) with identity number _____;
 _____;
 _____ in my capacity as _____
 of _____ (herein after referred to as the applicant) do
 hereby make oath / affirmation and declare that:

1. I am duly authorised to depose to this affidavit;
2. I am related to: _____,
 and the nature of the relationship is _____;
3. The particulars contained in the application form are true and correct to the best of my knowledge and belief;
4. I have satisfied myself that the preparation of the application has been done in conformity with the Guidelines in respect of the above-mentioned rebate provision, with which I have fully acquainted myself and to which I unconditionally agree;
5. I accept that the decision by the Department of Agriculture, Land Reform and Rural Development will be final and conclusive and that the said Department may at any time conduct or order that an investigation to verify information furnished in the application form be conducted; and
6. The applicant or any one of its associates, or related party is not a subject of an investigation by any organ of State or other regulatory authority.

SIGNED at _____ on this _____ day of
 _____ 20__

 DEPONENT

I HEREBY CERTIFY that the deponent has acknowledged that he knows and understand the contents of this affidavit, which was signed and sworn before me at _____
 on this the _____ day of _____ 20__,

the regulations contained in Government Notice No R1258 of 21 July 1972, as amended, and Government Notice No R1648 of 19 August 1977, as amended, having been complied with.

COMMISSIONER OF OATHS

FULL NAMES:
 BUSINESS ADDRESS:
 DESIGNATION:
 CAPACITY:

