



**MINISTRY OF PUBLIC WORKS AND TRANSPORT  
ROAD TRANSPORT DEPARTMENT**

**APPLICATION FOR SACU PERMIT**

(In terms of the Road Transportation Act No.5 of 2007 as read with the Southern African Customs Union Memorandum of Understanding between Botswana, Namibia, Lesotho, South Africa and Swaziland; effective in Mozambique through Bilateral Agreement of 09 June 1999 between Swaziland & Mozambique.)

New Application	Renewal	Duplicate	Replacement
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Identity Number:

Company Identity Number:

Tax Number (VAT):

**PART A: APPLICANT DETAILS**

Trade Name:

Surname:

Initials and First Names:

Type of Business:  Sole Owner     Partnership     Private Co.     Public Co.     Close Corp.

Other (Specify)

Postal Address:

Street Address:

(If different from above)

Contact Person:

Mobile Number:

Telephone Number:

Facsimile Number:

E-mail address:

Address where Official Documentation must be served

Postal Address:	Street Address:
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**PART B. PERMIT PARTICULARS**

Type of Transport

1	REGULAR INTERNATIONAL PASSENGER SERVICE	2	SHORT TERM INTERNATIONAL PASSENGER/GOODS SERVICE
3	INTERNATIONAL TOURIST SERVICE	4	GOODS TRANSPORT

Required for Period Starting  20  Yr  M  D

Country of Origin:

Transit Country (if applicable):

Country of Destination:

Service frequency:  Daily     Bi-weekly     Fortnightly     Monthly     Other (specify)

**DECLARATION BY CARRIER / REPRESENTATIVE**

I the carrier / representative declare that all the particulars furnished by the me in this form are true and correct: .....

- Delete where not applicable

**PART C: ROUTE PARTICULARS**

Route Description

- Supply key Town / City
- Name the border Post

Town / City:

Departure Point / Rank:  Departure Time:

Border Post:

Intermediate Points (Maximum of Four):

Destination Point:

Estimated Time of Arrival:

**PART C: VEHICLE PARTICULARS**

Make / Model:

Year of Manufacture:

Maximum Number of Passengers (If applicable):

Tare:

Gross Vehicle Mass:

Registration Number:

Chassis Number:

Type of Vehicle  Minibus max 15 seats  Bus  Rigid Vehicle  Truck Tractor  Abnormal  Other (specify)

Expiry Date of Certificate of fitness:  20  Yr  M  D

Certificate of Fitness Number:

**Consultation Procedure  
(Official use only)**

COMMENT ON APPLICATION (1st competent authority) .....

DATE DISPATCHED TO SECOND: ..... Dispatched By: .....

COMPETENT AUTHORITY

COMMENT ON APPLICATION (2nd competent authority) .....

DATE RECEIVED: ..... Dispatched By: .....

DATE DISPATCHED TO FIRST: .....

COMPETENT AUTHORITY



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