

## **DEPARTMENT: CUSTOMS & EXCISE**

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NamRA-CE-FR-054

## APPLICATION FOR LICENSING AS WAREHOUSE: SUPPLEMENTARY PARTICULARS IN RESPECT OF EXCISE WAREHOUSES

| 1.         | Nature of warehouse (storage, manufacturing, etc.)  |  |  |  |  |
|------------|---|--|--|--|--|
| 2.<br>Atta | If a storage warehouse, state the nature of goo<br>be warehoused.<br>ached a list of afore-mentioned should the space   | ods (and Sections of Schedule no. 1 to the Act in which such goods are described) to provided be insufficient. |  |  |  |
| Nat        | ture of goods   | Commodity code   |  |  |  |
|            |   |  |  |  |  |
|            |   |  |  |  |  |
|            |   |  |  |  |  |
|            |   |  |  |  |  |
| 3.         | If for storage of spirits or spirituous beverages, state whether spirituous beverages will be made in warehouse or whether only packed stock will be handled.                 |  |  |  |  |
| 4.         | State general description of proposed warehouse (room, vessel, yard, tank, etc.)  |  |  |  |  |
| 5.         | State area measurements or capacity of warehouse (with reference to the plan in terms of regulation 4.03.03)  |  |  |  |  |
| 6.         | State particulars of construction of warehou  | se.  |  |  |  |
| 7.         | If a manufacturing warehouse, state number of stills or tobacco cutting machines or other machines, appliances of apparatus described in regulation 4.03.08 in the warehouse. |  |  |  |  |
| Ad         | dditional information to be attache   | d to this application forms  |  |  |  |
| A.<br>B.   | A plan of the building with area measurements<br>Certified copies of your ID or Passport.   | s. Yes / No<br>Yes / No  |  |  |  |
| Б.<br>С.   | Company / CC / Partnership name registration  | ·  |  |  |  |
| D.         | Provide on your letterhead, in (N\$), an estimate Yes / No  | ed amount of goods that will be in your bonded warehouse at any given time.                                    |  |  |  |
| E.<br>F.   | Indicate whether you will be using a clearing agent and furnish this office with said name.  The names of two contact persons and their telephone numbers.                    |  |  |  |  |
| 1)         |   | Tel:   |  |  |  |
| 2)         |   | Tel:   |  |  |  |
|            |   |  |  |  |  |

Please be advised that your application will not be processed without the above-mentioned information attached.

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|            | <b>OEE</b> |       | HICE |      |
|------------|------------|-------|------|------|
| <b>FUK</b> | OFF        | ICIAL | USE  | ONLY |

## Recommendation report