

VOLUMES (LITRES) SOLD WITHIN THE REPUBLIC OF SOUTH AFRICA IN LAST CALENDAR YEAR

PETROL

DIESEL

ILLUMINATING
PARAFFIN

AVIATION
GASOLINE

LIQUIFIED
PETROLEUM
GAS

JET FUEL

BIOFUELS

INDICATE NUMBER OF EMPLOYEES BY RACE, GENDER AND DISABILITY

BLACK EMPLOYEES: MALE
 FEMALE
 DISABLED

COLOURED EMPLOYEES: MALE
 FEMALE
 DISABLED

INDIAN EMPLOYEES: MALE

FEMALE

DISABLED

WHITE EMPLOYEES: MALE

FEMALE

DISABLED

TOTAL NUMBER OF EMPLOYEES

INDICATE OWNERSHIP BY HISTORICALLY DISADVANTAGED SOUTH AFRICANS (HDSA's) IN PERCENTAGE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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DOCUMENTS TO BE ATTACHED WITH THE SUBMISSION OF THE WHOLESALE ANNUAL INFORMATION FORM

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| 1. A declaration by the licensee that the ownership of the licensed activity has not changed. |
| 2. The volumes of each prescribed petroleum products purchased and sold outside of the Republic of South Africa. |
| 3. A declaration by the applicant stating that the applicant is in compliance with all national provincial and local government legal requirements. |
| 4. The volumes of each prescribed petroleum products purchased and sold outside of the Republic of South Africa. |
| 5. A progress and an updated plan in the respect of complying with the objectives of the Charter. |
| 6. A report on the training and the number and title of the qualifications obtained by learners employed by the licensed wholesaler. |

DECLARATION

I (full names).....hereby declare that all information provided herein is within my personal knowledge and that-

- a) I am duly authorised to make this declaration;
- b) I am the designated person responsible for this licence and any conditions attached thereto;
- c) I have read and understood the regulations related hereto, with specific reference to Regulation 25 regarding any false declaration; and
- d) all information provided herein is to the best of my knowledge true and correct.

Signed at.....(place) on this..... day of.....(month)
..... (year)

.....
Signature

I certify that the deponent-

- (a) has acknowledged that he/she knows and understands the contents of this application form and its annexures, that he/she has no objection to taking the prescribed oath and that he/she considers the oath binding on his/her conscience; and
- (b) has in the prescribed manner sworn that the contents of this application form and its annexures are true and signed same before me at (place) on thisday of(month).....(year).

COMMISSIONER OF OATHS

Name: _____

Address: _____

Capacity: _____

NOTE: If this application form is completed electronically it must be printed out, signed before a Commissioner of Oaths and submitted with the necessary supporting documents to the address below.

Submit this form to:-

**Controller of Petroleum Products
Department of Minerals and Energy
Private Bag X59
Pretoria
0001**

Or

**Controller of Petroleum Products
Department of Minerals and Energy
Mineralia Centre
234 Visagie Street
Pretoria
0001**

Enquires

Contact: Help Desk
Contact No.: (012) 317 8982
Fax No.: (012) 322 8570
E-Mail: petroleum.controller@dme.gov.za