

FOR OFFICIAL USE ONLY

FILE NUMBER:

INVOICE NUMBER RETAIL:

INVOICE NUMBER SITE:

E 888 CONSULTANTS

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(Application for new retail/site license)

INSTRUCTIONS:

Payment of our fees to prepare and submit the above application can be made as follows:

E888- petroleum

FNB-Gold: 622 3838 2303

Olympus branch: 258155

(Please fax this form and proof of payment to 0866 756 095 and kindly attach a copy of your electricity and water account).

*Please note that the above amounts **exclude** any fees that the Department of Mineral and Energy Affairs might charge. At present the Department of Mineral and Energy Affairs will require payment of R 500,00 for RETAIL LICENCES and R 1000,00 for SITE LICENCES.*

Kindly read through the under mentioned and correct or complete where necessary.

SECTION 1: GENERAL INFORMATION

KINDLY ANSWER THE FOLLOWING QUESTIONS BY PLACING A CROSS (X) IN THE APPROPRIATE BLOCK:

1 ARE YOU PURCHASING AN EXISTING SITE OR BUILDING A NEW SITE?

EXISTING
SITE

NEW
SITE

2 ARE YOU PURCHASING ONLY THE RETAIL BUSINESS OR BOTH THE RETAIL BUSINESS AND THE SITE?

RETAIL
ONLY

RETAIL
AND SITE

IF YOU ARE BUILDING A **NEW** SITE, KINDLY IGNORE SECTION 2 AND COMPLETE SECTION 3.
IF YOU ARE PURCHASING AN **EXISTING** SITE, KINDLY COMPLETE BOTH SECTIONS 2 AND 3.

SECTION 2 – EXISTING RETAILER (SELLER):

TRADING NAME OF
FILLING STATION:

FULL NAME AND REGISTRATION NO. OF COMPANY, CLOSE CORPORATION, TRUST, PARTNERSHIP OR SOLE PROPRIETOR:

DME REFERENCE NUMBERS

SITE

RETAIL

FULL NAME OF MEMBER/DIRECTOR/INDIVIDUAL OF RETAILER AUTHORISED TO SIGN DOCUMENTATION:

TITLE:

FAMILY NAME:

FIRST NAME:

IDENTITY NUMBER:

TAX NUMBER:

VAT NUMBER:

GENDER:

FEMALE

MALE

BUSINESS TEL NO.:

MOBILE PHONE
NUMBER:

BUSINESS FAX NO.:

E-MAIL ADDRESS:

POSTAL
ADDRESS OF
RETAILER:

POSTAL CODE:

PHYSICAL
ADDRESS OF
RETAILER:

POSTAL CODE:

SECTION 3 – NEW RETAILER (PURCHASER):

TRADING NAME OF FILLING STATION:

FULL NAME AND REGISTRATION NO. OF COMPANY, CLOSE CORPORATION, TRUST, PARTNERSHIP OR SOLE PROPRIETOR:

FULL NAME OF MEMBER/DIRECTOR/INDIVIDUAL OF RETAILER AUTHORISED TO SIGN DOCUMENTATION:

TITLE:

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FAMILY NAME:

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FIRST NAME:

--

IDENTITY NUMBER:

--

TAX NUMBER:

--

VAT NUMBER:

--

GENDER:

FEMALE

MALE

BUSINESS TEL NO.:

--

--

MOBILE PHONE NUMBER:

--

BUSINESS FAX NO.:

--

--

E-MAIL ADDRESS:

--

POSTAL ADDRESS OF RETAILER:

POSTAL CODE:

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PHYSICAL ADDRESS OF RETAILER:

POSTAL CODE:

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WHAT ARE THE TWO MOST POPULAR DAILY NEWSPAPERS CIRCULATING IN THE AREA OF THIS FILLING STATION?

ENGLISH

--

AFRIKAANS

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SECTION 4 – LAND OWNER:

FULL NAME AND REGISTRATION NO. OF COMPANY, CLOSE CORPORATION, TRUST, PARTNERSHIP OR SOLE PROPRIETOR:

FULL NAME OF MEMBER/DIRECTOR/INDIVIDUAL OF RETAILER AUTHORISED TO SIGN DOCUMENTATION:

TITLE:

--

FAMILY NAME:

--

FIRST NAME:

--

IDENTITY NUMBER:

--

TAX NUMBER:

--

VAT NUMBER:

--

GENDER:

FEMALE

MALE

BUSINESS TEL NO.:

--

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**MOBILE PHONE
NUMBER:**

--

BUSINESS FAX NO.:

--

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E-MAIL ADDRESS:

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**POSTAL
ADDRESS OF
SITE OWNER:**

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POSTAL CODE:

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**PHYSICAL
ADDRESS OF
SITE OWNER:**

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POSTAL CODE:

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SECTION 5 – PROPERTY (where retailing activities take place):

PROPERTY DESCRIPTION (ERF / STAND NUMBER) Kindly attach a copy of the electricity and water account:

Portion _____ of Erf _____
of Township _____

OR

Portion _____ of the farm _____
Registration division _____

PHYSICAL ADDRESS OF SITE (where retailing activities take place):

POSTAL CODE:

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BRAND NAME ON SITE:

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FUEL SUPPLIER:

--

WHEN (WHAT YEAR) DID YOU START SELLING FUEL FROM THE PREMISES?

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MOTIVATION FOR RETAILING ACTIVITY

For how many years has the retailing activity been on the site? _____ years

Please provide us with a list of your bigger clients (i.e. mines or industries in the area or names of your larger account clients)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

How many litres of fuel are sold from the site every month? _____ litres

How many people are employed by the filling station? _____ employees

MOTIVATION FOR SITE

Where is the site situated (i.e. on a main road between X and Y, or in the middle of a town or city, on a main road/busy corner etc)?

Is the site frequented by taxi owners? Y N (Please circle the correct answer)

What is the size of the filling station? _____ m² or _____ ha.

Is the forecourt area fairly flat? Y N (Please circle the correct answer)

Number of petrol pumps _____

Number of diesel pumps _____

The nearest filling station is in a radius of _____ km from your site.

Approximately how many residents are in the service area of the filling station? _____ people

DECLARATION

I (full names)

hereby declare that all information provided herein is within my personal knowledge true and correct.

SIGNED at _____ **this** _____ **day of** _____ **2007.**

Signature