



**SOUTH AFRICAN DIAMOND AND  
PRECIOUS METALS REGULATOR**

251 Fox Street  
**JOHANNESBURG 2001, SOUTH AFRICA**  
Entrance: Cnr Greene & Main Streets (Jewel City)

P. O. Box 16001, Doornfontein 2028 – South Africa  
Tel (011) 223 7000 Fax (011) 334-8898  
info@sadpmr.co.za

FORM PMI

PERMIT NUMBER: \_\_\_\_\_

### **APPLICATION FOR A PERMIT TO IMPORT**

[In terms of section 10(2) of the Precious Metals Act, 2005 (Act 37 of 2005)]

#### Instructions:

1. For any enquiries, contact the office of the Regulator during office hours.
2. Complete the form in block letters and in black pen.
3. Where options are given mark the appropriate block.
4. Complete the form in English and do not use abbreviations.
5. Although the application forms are made available in electronic format, only a signed original hard copy shall be acceptable.
6. Ensure that all the required documentation accompanies the application.
7. The application must be submitted to the operational business premises of the Regulator.

#### Part A: Particulars of applicant

1. In the case of a natural person, please provide the following:

- (i) Surname: \_\_\_\_\_
- (ii) First name(s): \_\_\_\_\_
- \_\_\_\_\_
- (iii) Identity number: \_\_\_\_\_

\*(A certified copy of the applicant's identity document must be attached.)

(iv) Has the applicant ever been convicted of a criminal offence in terms of the Act or any other law? (Yes/No). If yes, furnish particulars on a separate sheet of paper.

2. In the case of a person other than a natural person, please indicate:

CC: \_\_\_\_\_ Partnership/Joint venture: \_\_\_\_\_  
Co: \_\_\_\_\_ Other (specify): \_\_\_\_\_

(i) Name of company, close corporation, partnership or joint venture:

\_\_\_\_\_

(ii) Registration number of Co. or CC: \_\_\_\_\_

(iii) Full name and identity number of managing director or member:

\_\_\_\_\_

(iv) Full names and identity number of every director or member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(v) Particulars of interest held (%) in the juristic person and name of the holder of the controlling interest:

\_\_\_\_\_

(vi) If known to the applicant at the time of lodging the application, the quantity, fineness, form and value of the precious metals concerned:

\_\_\_\_\_  
\_\_\_\_\_

(vii) Period during which such precious metals may be imported:

\_\_\_\_\_

(viii) If known to the applicant at the time of lodging the application, the port(s) from which such precious metals may be imported:

\_\_\_\_\_

(ix) If known to the applicant at the time of lodging the application, the country or countries from which such precious metals may be imported:

\_\_\_\_\_

(x) If known to the applicant at the time of lodging the application, the purpose of the imports:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*(In the case of a company or close corporation, a certified copy of the certificate of incorporation must be attached.)

**PART B: CORRESPONDENCE ADDRESS FOR THIS APPLICATION**

3(a) Business address:

(i) Building name: \_\_\_\_\_

(ii) Building number: \_\_\_\_\_

(iii) Street number: \_\_\_\_\_

- (iv) Street name: \_\_\_\_\_  
\_\_\_\_\_
- (v) Suburb: \_\_\_\_\_
- (vi) Town/City: \_\_\_\_\_
- (vii) Postal code: \_\_\_\_\_
- (viii) Province: \_\_\_\_\_
- (vix) Country: \_\_\_\_\_
- (x) Telephone No: \_\_\_\_\_
- (xi) Fax No: \_\_\_\_\_
- (xii) Cellphone No: \_\_\_\_\_
- (xiii) Email address: \_\_\_\_\_

(b) Relevant postal address:

- (i) Postal address: \_\_\_\_\_  
\_\_\_\_\_
- (ii) Town/City: \_\_\_\_\_
- (iii) Postal code: \_\_\_\_\_

(Attach documentary proof of the applicant's registered business premises.)

**THE APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:**

1. A certified copy of the applicant's identity document, if applicable.
2. A certified copy of the certificate of incorporation and articles of association or founding statement, if applicable.
3. A copy of the relevant resolution, if acting in a representative capacity.
4. Documentary proof of the applicant's business premises.
5. A police clearance certificate.
6. A non-refundable prescribed application fee.

**PART C: DECLARATION**

I, the applicant, \_\_\_\_\_, hereby declare that the contents of this application are true and correct.

Capacity: \_\_\_\_\_

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_.

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SIGNATURE OF APPLICANT/REPRESENTATIVE (IF APPLICABLE)