



On behalf of: Meat Statutory Measure Services

Office Use:  
RMLA Registration Number

## LEVY REGISTRATION FORM

1. **Registered Business Name** \_\_\_\_\_

2. **Company Registration Number** \_\_\_\_\_

*(NB! CIPC Registration documents needs to accompany this application form)*

3. **Physical Address** \_\_\_\_\_

4. **Postal Address** \_\_\_\_\_

5. **VAT Number** \_\_\_\_\_

6. **Date opened / Owner Since** \_\_\_\_\_

7. **Business Identity:** *(Tick applicable block)*

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | - Red Meat Abattoir (Cattle / Sheep / Pigs)  |
| <input type="checkbox"/> | - Importer of Red Meat / Red Meat Products   |
| <input type="checkbox"/> | - Livestock Agent / Broker   |
| <input type="checkbox"/> | - Exporter of Hides & Skins  |
| <input type="checkbox"/> | - Exporter of Livestock  |
| <input type="checkbox"/> | - Processor of Meat Products   |
| <input type="checkbox"/> | - Processor of Hides & Skins   |
| <input type="checkbox"/> | - Meat Retailer / Butchery <i>(Retailer levies are paid annually at a rate of R751.26 VAT incl.)</i> |

8. **Name of Owner** \_\_\_\_\_

9. **Cellphone Number** \_\_\_\_\_

10. **Contact person for Accounts** \_\_\_\_\_

11. **Telephone Number** \_\_\_\_\_

12. **Fax Number** \_\_\_\_\_

13. **Email Address** \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner / Authorized person

Date: \_\_\_\_\_

SAMIC Inspector: \_\_\_\_\_