

TRADING LICENCES ORDER
(ORDER NO.20 of 1975)

APPLICATION FORM FOR THE GRANT, TRANSFER OR AMENDMENT OF A
TRADING LICENCE (VIDE SECTION 7 OF THE ORDER)

Applicants are advised that it is an offence under section 17 (3) of the order to give false information or make a statement which the maker has reason to believe it is not true in an application under the said Order.

A. PROPOSED BUSINESS

(a) This application is for (tick whichever is applicable)

Grant
Transfer
Amendment

(b) Postal address of applicant.....
.....

(c) Business Name or style of business for which licence is required.....
.....
.....

(d) Type of licence required.....
.....
.....

(e) Location of business premises.....
.....

(f) Has the locality of the premises been declared as a General Business Area under section 8 of the Order?.....

(g) Has any previous application by applicant for a licence been refused under the Order?.....

B. PARTICULARS OF APPLICANT

State applicant's corporate status (tick whichever is applicable)

Sole Proprietor

Partnership
 Company
 Foreign Company/Agent

If applicant is a Sole Proprietor, state:-

(a) Name of address of applicant.....

(b) Registered name or trading style.....
 (a) Nationality.....
 (b) Pin Number.....

If citizen of Swaziland state whether by:-

Birth Naturalization Registration Khonta
 (Attach copy of certificate or registration number)

Give full names of Chief.....
 Indvuna.....
 Area.....

If applicant is a partnership, state:-

(a) Name of partnership.....

 (Attach certified copy of Partnership Agreement)

(b) Full particulars of each partner as follows:-

Name	Address	Country of residence	Citizenship	Pin number

(c) If partner is a citizen of Swaziland, state whether by (tick whichever is applicable)

Birth Naturalization Registration Khonta
 (Attach certified copy of certificate or registration number)

(d) Give full names of Chief.....
 Indvuna.....
 Area.....

(e) Is more than one half of the capital of the partnership held by citizens of Swaziland or do persons who are citizens of Swaziland hold a controlling interest in or have majority ownership of the partnership business?

.....

(f) Give details of partners who hold more than one half of the capital of the partnership or who hold a controlling interest or majority ownership of the partnership business.

Name	Percentage ownership interest held

If applicant is a company, state:-

(a) Registered Name of company and date of registration.....

 (Attach certified copy of registration)

(b) Trading Name or style of company if different from (a).....

 (Attach certified copy of registration)

(c) Postal Address.....

C. FINANCIAL POSITION

- (a) State amount of money to be invested in the business.....
 - (b) Source of funding.....
 - (c) Cash in hand/bank.....
- (Attach certified copy of proof of funding)

D. PARTICULARS OF LAND/PREMISES

- (a) Location of business premises.....
 - Plot no..... Street.....
 - Town..... Region.....

(b) Has the locality of the premises been declared General Business Area under Section 3 of the Order?.....

(c) Does the applicant own or has applicant been given permission to use the premises where the business will be carried.....

(d) If premises are leased, date of expiry of Lease Agreement.....
(Attach copy of Lease Agreement)

(e) If business premises are on Swazi Nation Land, has the applicant been granted a King’s Consent?.....
(Attach certified copy)

(f) Have the premises been inspected and certified suitable by Health Inspector?.....
(Attach copy of Health Report)

E. COMPLIANCE WITH IMMIGRATION LAWS

Has the applicant been granted a residence or work permit?.....

- (i) Date of expiry of residence permit.....
- (ii) Date of expiry of the work permit.....

(Attach certified copies)

F. COMPLIANCE WITH EMPLOYMENT LAWS

(a) Has the applicant complied with the requirements for registration as a contributing employer in terms of the Swaziland National Provident Fund Order No. 23 of 1974.....

(b) If registered, state account number.....

(Attach certified copy of certificate of registration)

(c) Has the applicant furnished security for the payment of wages to the Commissioner of Labour in accordance with the Employment Act No. 5 of 1980.....

(Attach certified copies of proof of compliance)

G. COMPLIANCE REQUIREMENTS UNDER THE METROLOGY ACT NO.12 OF 1991

If the business intended involves any form of measurement, applicant must state whether a weights and measures inspector's report has been issued granting approval for the verification and calibration of measuring instruments to be used in trade.....

(Attach certified copy)

H. APPLICATION FOR TRANSFER OR AMENDMENT

(a) If application is for Transfer of a licence, state nationality or citizenship of Transferor.....

(b) Other particulars of Transferor.....
.....

(c) Has the transfer of the licensed business been advertised in accordance with the Registration of Business Act No.42 of 1933?.....

(d) If yes, state date of publication of advert.....
(Attach copy of advertisement)

(e) If application is for an amendment of a licence, state particulars of proposed amendment.....

I. GENERAL INFORMATION

(a) Has the applicant, or any of the directors or partners been convicted under Insolvency Act No.8 of 1955 of Swaziland or the insolvency law of any other country.....

If he has been rehabilitated, state the date thereof.....

(b) Has applicant or any of the directors or partners been convicted of an offence under the Trading Licences Order No.20 of 1975 in the last five years.....

If so, give details.....
.....

(c) Any additional information which the company wishes to give in support of this application.....
.....

SWORN DECLARATION BY APPLICANT

I,.....
do solemnly declare that to the best of my knowledge and belief, all statements made in this application are true and correct in all aspects.

(The person who signs this application must state the capacity or authority under which he/she does so)

.....
SIGNATURE OF APPLICANT

Sworn before me this.....day of.....20.....

The deponent having acknowledged to me that he/she knows and understands the contents of this application.

.....
COMMISSIONER OF OATHS

FOR OFFICIAL USE ONLY

Business Item No.....

Application fees payable.....

Licence fee.....

Licencing Officer's Signature.....

Application fee paid E.....

Receipt No.....Date stamp