# 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 appli-	cation is for (tick wh	nichever is applicable)
	Grant	
	Transfer	
	Amendment	
		siness for which licence is required
(e) Location o	of business premises	5
` '		es been declared as a General Business Area under
(g) Has any	previous application	by applicant for a licence been refused under the

#### **B. PARTICULARS OF APPLICANT**

So Pa Co	ant's corporate sta ble Proprietor artnership ompany oreign Company/ <i>F</i>	·	niche  	ever is applicable	;)
If applican	t is a Sole Prop	rietor, stat	e:-		
(a) Name of	address of applic				
(a) Nationalit	ed name or tradir ty oer				
If citizen of Sv	waziland state	whether by	<b>/:</b> -		
Birth Na	aturalization (Attach copy			tion Kl egistration num	
Give full names of Chief					
If applicant is	a partnership,	state:-			
(a) Name of par	tnership				
	(Attach certif	fied copy of	Partr	nership Agreeme	ent)
(b) Full particula	ars of each partne	er as follows	:-		
Name	Address	Country residence	of	Citizenship	Pin number

(c) If partner is	a citizen of Swaz	ziland, state whet	her by (tick w	hichever i	s applicable)
		•	, ,		, ,
	aturalization (Attach certified o	copy of certificate	tion or registratio		
(d) Give full nar	Indv	ına			
(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?					
	s of partners w	who hold more olling interest or	than one hal	If of the	capital of the
Name			Percent interest	_	wnership
If applican	t is a company	, state:-			
(a) Register	ed Name of comp	pany and date of	registration		

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(Attach	cerunea	CODY	OI	registration)

(Attach certified copy of registration)					
(b) Trading Name or style of company if different from (a)					
(Attach certified copy of registration)					
(c) Postal Ad	ddress				
(d) Name ar	(d) Name and address of company's secretaries				
(c) State whether it is a private or public company(d) State particulars of each director as follows:-					
Name	Address	Country of residence	Citizenship	Pin number	
(a) If a divertor is a sition of Consilor destate whether by (tiels which over is					
(g) If a director is a citizen of Swaziland, state whether by: (tick whichever is applicable)					
Birth Naturalization Registration Khonta (Attach certified copy of certification or registration number)					
(h) Give full names of Chief					
Area(i) State the norminal and issued capital of the company					

<ul><li>(j) Is more than one half of the issued share Swaziland</li><li>(k) Give details of the share holding of the ten (10) large</li></ul>				
Name	No. of shares held			
	7.00			
C. FINANCIAL POSITION				
(a) State amount of money to be invested in the business				
D. PARTICULARS OF LAND/PREMISES				
(a) Location of business premises				
(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				
(e) If business premises are on Swazi Nation Land, has t King's Consent?	the applicant been granted a			
(Attach certified copy)  (f) Have the premises been inspected and certified suitable by Health Inspector?				
(Attach copy of Health Rep				

## **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 (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.....

(Attach copy of advertisement)

(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.....

COMMISSIONER OF OATHS			
The deponent having acknowledged to me that he/she knows and understands the contents of this application.			
Sworn before me thisday of20			
SIGNATURE OF APPLICANT			
(The person who signs this application must state the capacity or authority under which he/she does so)			
I,			
SWORN DECLARATION BY APPLICANT			
(c) Any additional information which the company wishes to give in support of this application			
If so, give details			
(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 he has been rehabilitated, state the date thereof			
(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			
I. GENERAL INFORMATION			
(e) If application is for an amendment of a licence, state particulars of proposed amendment			

### **FOR OFFICIAL USE ONLY**

Business Item No	Application fees payable
Licence fee	Licencing Officer's Signature
Application fee paid E	Receipt NoDate stamp