

KINGDOM OF ESWATINI

APPLICATION FOR A LICENCE TRANSFER IN TERMS OF THE PETROLEUM ACT OF 2020



Please return completed form to:

Eswatini Energy Regulatory Authority
First Floor, RHUS Office Park, Karl Grant Street
P. O. Box 7137
MBABANE
H100
Eswatini

Tel: +268 2404 2103
E-mail: info@esera.org.sz
Website: www.esera.org.sz

APPLICATION SUBMISSION DETAILS

Email: info@esera.org.sz

WhatsApp: 7808 7920

For Enquiries, please contact **ESERA Compliance Officer – Oil & Gas** on:

Tel: +268 2404 2103

Cell: +268 7808 8944

E-mail: mhlangax@esera.org.sz

SECTION A – PARTICULARS OF APPLICANT

A.1 Full Name of Applicant, e.g., XYZ Investments (Pty) Ltd

A.2 Existing License Details (License Type, Number & Duration)

A.3 Clearance of Statutory Obligations (provide proof)

Tax Clearance_____

SNPF Clearance_____

ENPC Levy (Where Applicable)_____

MVA Levy (Where Applicable)_____

MNRE Levies (Where Applicable)_____

ESERA Licence Fees_____

Labour Compliance (Where Applicable)_____

Environmental Clearance /Exit Report (Where Applicable)_____

Any other applicable statutory obligations

A.4 Signature of Person with Power of Attorney to sign for Applicant (***Attach proof of Power of Attorney***):

Submitted at _____ on _____ 20_____

Signature

Name

SECTION B –BUSINESS DETAILS

B.1 Retail and Wholesale Licence Applicant Must Provide the Following:

- i. Business Financial Status (Statement of Financial Position) of current licence holder
- ii. Business plan for Transferee.

B.2 Reasons for Transfer

B.3 Indicate Impact of Transfer on

- i. Organization Structure_____
- ii. License Agreements_____
- iii. Location of Business_____
- iv. Petroleum Products Being Supplied/stored_____
- v. Technical Skills to Handle Hazardous Materials_____
- vi. Other_____

B.4 Full Name of New Licensee, e.g., XYZ Investments (Pty) Ltd:

B.5 Trading Name of New Licensee e.g., ABC Petroleum

B.6 Business or Company Registration of new licensee:

B.7 Nationality of New Licensee, or in the case of a body corporate, country of registration:

B.8 Physical and Postal Address of New Licensee

B.9 Telephone and cell phone number of New Licensee:

(_____) _____

(_____) _____

B.10 Fax number of New Licensee:

(_____) _____

B.11 E-mail address of New Licensee:

B.12 Contact person on behalf of New Licensee:

Name: _____

Position: _____

Telephone No. _____

Fax No. _____

Email: _____

SECTION C – ADDITIONAL INFORMATION

Please provide any other relevant information which the applicant wishes to include with this application

DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FOR A WHOLESALE LICENCE

Check if all documents to be attached have been included.

ITEM	DETAILS	YES	NO
1	Have you completed all sections of the form?		
	Section A: Particulars of licence application		
	Section B: Particulars of applicant		
	Section C: Applicant's Business Details		
	Declaration signed by applicant and commissioner of oaths		
2	Documents to be Attached for New Licence Holder		
	Director's ID copies		
	Form J & C		
	Certificate of Incorporation		
	Memorandum of Association and/or Articles of Association		
	Tax clearance, Labour Compliance		
	Organizational Organogram		
	Document to be attached for Applicant		
	Statement of Financial Position		
	All Clearances as required in B6		
	If necessary, the original or certified copy of a declaration by the applicant giving reasons why any attachment required is not provided.		

DECLARATION

I (full names) _____ hereby declare that all information provided herein is within my personal knowledge and that: -

- a) I am duly authorized to make this declaration;
- b) I am the designated person responsible for this licence and any conditions attached thereto;
- c) I have read and understood the regulations related hereto, with specific reference to Regulations for Wholesale regarding any false declaration; and
- d) I will comply with all legislations, regulations, standards and guidelines that govern the Petroleum Industry
- e) all information provided herein is to the best of my knowledge true and correct.

Signed at _____ (place) on this _____ day of _____ (month), 20____ (year)

Signature

COMMISSIONER OF OATHS

I certify that the deponent - (a) has acknowledged that he/she knows and understands the contents of this application form and its annexures, that he/she has no objection to taking the prescribed oath and that he/she considers the oath binding on his/her conscience; and (b) has in the prescribed manner sworn that the contents of this application form and its annexures are true and signed same

before me at _____ (place) on this _____ day of _____ (month), 20____(year)

Signature

Name: _____

Address: _____

Capacity: _____

Stamp