



OUR TOBACCO OUR ECONOMY

INDIVIDUAL TOBACCO TRANSPORTER LICENSE APPLICATION FORM

Official Use Only

Application No. _____

Date of Submission _____

Applications are to be hand-delivered to the TC Division Office where the applicant is to operate

Section 1 Applicant Details and Establishment

Applicant should make sure name of applicant tallies with the name appearing on Bluebook, Certificate of Registration and ID

A. Name of Applicant _____

B. ID No. _____

C. Business Address of Applicant

D. Physical Address _____

E. Phone No. _____

F. Email _____

G. Location of Offices _____

H. Division to Operate in _____

I. Business type _____ ***(Attach Business registration certificate)***

J. Creditor Number _____

K. Do you have enough tarpaulins to cover tobacco in the course of transportation? Yes No

L. Please attach a police Clearance Certificate

Section 2 Financial Standing

- A. You must enclose documents evidencing your financial capacity to operate the business i.e. copies of bank statements
- B. You must enclose documents evidencing Goods in Transit cover for maximum vehicle load of all listed vehicles
- C. Please attach your tax compliance evidence details (**Only for new applicants**)

Section 3 Vehicles to be Used under the license

IMPORTANT NOTICE:

ALL VEHICLES ENTERED BELOW MUST HAVE CURRENT CERTIFICATE OF FITNESS AND VALID INSURANCE OTHERWISE THEY CANNOT BE AUTHORIZED ON THE LICENSE.

A. VEHICLE DETAILS (vehicles should be of not less than 1000kg)

	MAKE	VEHICLE REG. NO.	COLOUR	TONNAGE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

For individuals with more than 10 vehicles, please continue on a separate page to be signed and dated by the applicant.

B. For each vehicle, please attach SIGNED copies (evidence) of:

- Blue book
- Insurance
- Certificate of fitness

Section 4 Fees

All Transporters shall pay fees in accordance to Government gazette notice (s).

Section 5 Conditions of application

1. The Commission may reject any application where it considers that any of the requirements to obtain a license are not met, where any false declaration is made, or if the application is not satisfactory or is abandoned.
2. The Commission may undertake such additional checks or seek any additional information before granting a license, including additional checks with enforcement authorities within Malawi
3. The Commission may share details about operators and relevant persons with enforcement authorities in Malawi, and on request with other Government Departments and their agencies.
4. This form with the appropriate proof of identity documents, police clearance certificate, documents to demonstrate financial standing, evidence of tax compliance, documents of proof of insurance cover, together constitute the application.
5. The application is valid only within the specified application period prescribed by the Commission.

Section 6 Declarations and Signatures

1. I hereby declare that all of the information in this application is true and accurate and all statements or information provided about any person made in this application are made with their agreement.
2. I agree to abide by the conditions of this application and with any terms and conditions on my license.

I confirm that the following are enclosed (Please tick)

- Copies of at least two identification documents including a National ID and a valid driver's license
- Copy of Business Registration Certificate
- Copy of Police Clearance Certificate
- Documents evidencing financial capacity to transport tobacco
- Proof of Goods in Transit cover for maximum capacity load for all vehicles listed in 4A
- Copies of vehicle certification and fitness outlined in 4B for all vehicles listed in 4A

Signed _____ Name _____

Date _____ Position _____