



OUR TOBACCO OUR ECONOMY

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 Business Registration and ID

A. Name of Applicant _____

B. National ID No. _____

C. Postal Address _____

D. Physical Address _____

E. Phone No. _____

F. Email _____

G. Division to Operate in _____

J. Creditor Number _____

K. Do you have enough tarpaulins to cover tobacco in the course of transportation?

Yes

No

Section 2 Attachments

- A. You must enclose documents evidencing your financial capacity to operate the business i.e. copies of bank statements or audited accounts statement.
- B. You must enclose documents evidencing Goods in Transit cover for maximum vehicle load of all listed vehicles
- C. Please attach your tax clearance Certificate issued by MRA.
- D. Please attach a police Clearance Certificate

Section 3 Vehicles to be used under the license

IMPORTANT NOTICE: ALL VEHICLES ENTERED BELOW MUST HAVE VALID CERTIFICATE OF FITNESS AND INSURANCE COVER.

A. VEHICLE DETAILS (Minimum tonnage of 1000kg)

No.	REG. No.	MAKE	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 copies (evidence) of:
- Blue book
 - Insurance
 - Certificate of fitness

Class B permit

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 clearance, 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.

Applicant's name _____

Signature _____

Date _____

I confirm that the following are enclosed (Please tick)

No.	Attached documents	Applicant	TC Official
1	Copy of National ID Card		
2	Copy of Business Registration Certificate.		
3	Copy of Police Clearance Certificate.		
4	Copy of bank statement or audited accounts		
5	Proof of Goods in Transit insurance cover		
6	Copies of vehicle certification and fitness		

For official use:

Transporters previous season cases or misconduct

No.	Case	Status	Comment
1			
2			

Recommendation _____

Name of TC Official _____

Signature of TC Official _____

Date: _____

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