

KINGDOM OF ESWATINI

APPLICATION FOR A WHOLESALE LICENCE IN TERMS OF THE PETROLEUM ACT of 2020



Please return completed form to:

Eswatini Energy Regulatory Authority
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P.O. Box 7137
MBABANE
H100
Eswatini

Tel: +268 2404 2103
Fax: +268 2404 8474
E-mail: info@esera.org.sz
Website: www.esera.org.sz

NB: THE HOLDER OF A WHOLESALE LICENCE SHALL NOT APPLY FOR AND BE GRANTED A RETAIL LICENCE AS SPECIFIED IN THE PETROLEUM REGULATIONS SECTION A - PARTICULARS OF LICENCE APPLICATION

A.1 State nature of application (mark which is applicable)

Issue of new licence

Renewal of Licence

A.2 Desired period for validity of Licence¹

Desired commencement date: ____/____/____ Desired validity period: ____ years

¹

The maximum period for which a wholesale licence shall be granted is 15 years.

SECTION B – PARTICULARS OF APPLICANT

B.1 Full name of applicant:

B.2 Identity number of applicant, or in the case of a body corporate, registration number:

B.3 Nationality of applicant, or in the case of a body corporate, country of registration:

B.4 In the case of an authority created by law, the name of the law in terms of which that authority was established/created and/or other creation documents:

B.5 Physical and postal address of applicant:

B.6 Telephone and cell phone number of applicant:

(____)_____

(____)_____

B.7 Fax number of applicant:

(_____)_____

B.8 E-mail address of applicant:

B.9 Contact person on behalf of Applicant:

Name: _____

Position: _____

Telephone No. _____

Fax No. _____

Email: _____

B.10 Signature of Person with Power of Attorney to sign for Applicant (*Attach proof of Power of Attorney*):

Submitted at _____ on _____ 20_____

Signature

Name

Witnesses:

Signature

Signature

Name

Name

SECTION C – APPLICANTS BUSINESS DETAILS

C1. Indicate by cross x type of entity or specify in “other”

Limited Liability Company	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>
Close Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Trust	<input type="checkbox"/>	Other	<input type="checkbox"/>
Body Corporate	<input type="checkbox"/>		

C2. If Other specify:

C3. Provide detailed organogram for the organization showing local partnership if any and also show responsibilities of local persons (attachment)

C4. Provide a detailed plan on local empowerment /local skills transfer in the event skills are not available locally (attachment)

C5. Provide a valid Tax Clearance Certificate

C6. Postal and Physical Address including GPS coordinates (Where Wholesale Operations are/will be based):

SECTION D- DETAILS OF PETROLEUM PRODUCTS

D.1 Petroleum products entry point and mode of transport

D.2 Proof of source of petroleum products and supply (attach agreement)

D.3 Details on the type and quality of petroleum (certification to be provided for quality)

D.4 Details of the evidence of the mechanisms and capacity to store 14 days of commercial supply or any other quantity prescribed by the Minister.

D.5 If operational, provide volumes (litres) sold in the last calendar year or projections for first year of operation for new entrants

(a) Petrol

(b) Diesel

(c) Illuminating Paraffin

(d) Aviation Gasoline

(e) Liquified petroleum gas

(f) Jet Fuel

(g) Biofuels

(h) Liquefied Natural Gas

SECTION E - FINANCIAL INFORMATION – EXISTING MARKET PARTICIPANTS AND NEW ENTRANTS

The applicant must submit the following information⁴:

E.1 Income statement (existing operators):

- Previous financial year (Separate direct operating costs and overheads)
- Segregation of fuel related revenue from other sources

E.2 Balance Sheet (existing operators):

- Audited Previous Financial Year Reports

E.3 Capital Expenditure:

- Current position and forecasts for the next five years (include major maintenance and decommissioning costs)

E.4 New entrants must provide detailed business plans which cover the necessary cashflow projections as well as proof of financial means for the undertaking (i.e. Bank Guarantee , Proof of Credit Facility, Bank Statement less than 3 months)

E.5 Both Existing and new entrants must outline detailed plans which include the following:

- Plans to construct or supply a minimum of three (3) fuel stations within the first five (5) years (*if no existing fuel station*)

- Details of plans for local participation including: partnerships if any, proposed skills transfer and planned capacity building for the local office.
- Present the applicant's business organogram including names, qualifications of persons holding different positions. This must include the training plan for various positions.
- Submission of the details of the training information will also be required on an annual basis.
- Over the licence validity period, the licensee will be required to demonstrate that the local office has been granted authority to make relevant decisions

SECTION F - DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FOR A WHOLESALE LICENCE

1. A motivation for the wholesale activity proposed.
2. A certified copy of the applicant's identity document, if the applicant is a natural person, and in the case of a non- Eswatini citizen, permanent residence permit or employment permit and proof of residence in Eswatini, or proof of domicile in Eswatini, as the case may be.

OR

- a certified copy of the business entity's registration documents, if the applicant is a corporate entity or a trust.
3. A declaration by the applicant stating that the applicant is in compliance with the Petroleum Act 2020 and Regulations or a statement of its plans to meet the requirements of the Petroleum Act 2020 and Regulations.
4. A declaration by the applicant, that the applicant is in compliance with all national legal requirements applicable for the operation of the activity concerned that are in force at the time the application is made.
5. A list of all storage and distribution facilities intended to be used, including shared storage and distribution facilities, with specific reference to:
 - a the location;
 - b the capacity;
 - c the ownership, including the ownership of the land on which the storage facilities are situated, and, in the case of shared ownership, the basis of sharing; and
 - d the names of other wholesalers sharing the same facilities.

The information required in terms of attachment number 5 must be provided in respect of the different prescribed petroleum products which are to be stored.

6. Attach the proofs that all the permits, approvals authorisations required have been obtained including but not limited to: *(Please tick the boxes as a check)*

- Environmental approval
- Health and Safety
- Land ownership or Right of Use (Title Deed, Kings Consent, Lease agreement)
- Letter indicating municipal approval use land for the purpose intended
- Traffic Approval in case changes will be made to road signage and design

7.If necessary, the original or certified copy of a declaration by the applicant giving reasons why any attachment required is not provided.

8. Proof of payment of application fee.

SECTION F – ADDITIONAL INFORMATION

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

DECLARATION

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

- a) I am duly authorised 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)
 (year)

..... Signature

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 thisday of
(month).....(year).

COMMISSIONER OF OATHS

Name: _____

Address: _____

Capacity: _____