

KINGDOM OF ESWATINI

APPLICATION FOR A RETAIL 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

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**RETAIL LICENCE APPLICATIONS AND GRANTS ARE ONLY RESERVED FOR
INDIGENOUS SWATI PERSONS AS ARTICULATED IN THE PETROLEUM
REGULATIONS**

SECTION A – PARTICULARS OF LICENSE APPLICATION

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

Issue of new licence

Renewal of Licence

A.2 Desired period of validity of Licence¹

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

A.3 Other existing permits, approvals, authorisations required to be included as attachments

²The maximum period for which a retail licence shall be granted is **10 years** as prescribed in the Petroleum Regulations



SECTION B – PARTICULARS OF APPLICANT

B.1 Full name of applicant/ business entity:

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 is established/created and/or other creation documents:

B.5 Physical and postal address of applicant:

B.6 Telephone and cellphone number of applicant:

() _____

() _____

B.7 Fax number of applicant:

() _____

B.8 E-mail address of applicant :

B.9 Designated contact person on behalf of applicant:

Name: _____

Position:

Telephone No. _____

Fax No.

Email:

B.10 Signature of Applicant (Designated Representative)

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 a valid Tax Clearance Certificate

C4. Postal and Physical Address (Where Retail Operations are/will be based):

SECTION D – GEOGRAPHICAL AREA TO WHICH RETAIL APPLICATION RATES

Please provide the following information:

- i. Description, including location and GPS coordinates, site layout, drawings, buildings and pumps for existing or proposed retail establishment. This should include a map to readily identify the area to which the application relates. Scale 1: 10 000
- ii. Description of other activities the applicant wants to perform at the retail site

SECTION E – RETAILER OPERATING MODEL AND DETAILS OF PETROLEUM PRODUCTS

E.1 Evidence of the relevant fuel supply agreement (attach copy)

E.2 Oil Company brand displayed / to be displayed on site?

E.3 Indicate type of relationship between site owner (Land Lord), Operator (Retailer)and Supplier (Wholesaler)

RETAILER OWNED; RETAILER OPERATED

OIL COMPANY OWNED; RETAILER OPERATED

3rd PARTY OWNED, RETAIL LEASED, RETAILER OPERATED

3rd PARTY OWNED, OIL COMPANY LEASED, RETAILER OPERATED

E.4 Site License Number (If Issued)

Note: Where a new retailer applies for a retail licence to replace an existing retailer, in such a case please enter the site licence number.

E.5 Volumes (Litres) Sold in the last calendar year (existing market participants) and projections for new entrants (based on detailed traffic count):

Unleaded Petrol _____

Diesel 50ppm _____

Paraffin _____

SECTION E – FINANCIAL INFORMATION (EXISTING OPERATIONS AND PROJECTIONS FOR NEW ENTRANTS)

For each operation, the following information is required:

E.1 Income statement (Existing Operators) :

- ✦ Draft Previous financial year (Separate direct operating costs and overheads)
- ✦ Segregation of fuel related revenue from other sources such as retailer operated convenience stores

E.2 Balance Sheet (Existing Operators)

- Draft Previous Financial Year for existing operators

E.3 For New Applicants proof of financial means for the undertaking (i.e. Bank Guarantee, Proof of Credit Facility, Bank Statements not more than 3 months)

E.4 New entrants must outline the intended business plan for the licence period applied for. This must include the following:

- Vehicle count justifying projected volumes
- Cashflow projections

E.5 All applicants must provide an Occupational Health, Safety, Risk and Quality Management Plan

SECTION F - DOCUMENTS TO BE ATTACHED FOR A NEW RETAIL LICENCE APPLICATION

1. A motivation for the retailing activity.

2. A certified copy of the applicant's identity document, if the applicant is a natural person,

OR

a certified copy of the business entity's registration documents, if the applicant is a corporate entity or a trust.

3. A detailed business plan

4. A declaration by the applicant stating that the applicant is not owned in any way by a licensed wholesaler.

5. In the case of a filling station to be constructed or outlet to be renovated or any facilities related thereto for purposes of conducting the business of a retailer, the applicant must demonstrate their preparedness regarding the construction.

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/ categorization
- 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

- 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 the Petroleum Regulation 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: _____

ADDITIONAL INFORMATION