



ANNEXURE 5

**COSM TRUST
ADMINISTERED BY THE SOUTH AFRICAN IRON AND STEEL INSTITUTE**

**DECLARATION BY EXTERNAL AUTHORISED REPRESENTATIVE
ACTING ON BEHALF OF THE CLAIMANT**

I _____ (full name)
of the following address:

_____ hereby declare in my capacity as -

_____ of

_____ (company's name) that -

a) I have been appointed in terms of a letter dated _____
to prepare and submit the attached claim on behalf of -

b) I have fully acquainted myself with the rules of the COSM Trust and that the
attached claim is submitted in accordance with these rules

c) I accept full co-responsibility for any errors, omissions and mis-
representations that might come to light in the processing and verification of
this claim.

SIGNATURE: _____

DATE: _____

**PRO FORMA
POWER OF ATTORNEY**

The Secretary
South African Iron and Steel Institute
Committee for Secondary Manufacture
PO Box 6318
PRETORIA
0001

Dear Sir

APPOINTMENT OF AS EXTERNAL AUTHORISED REPRESENTATIVE

**I herewith appoint
as the external authorised representative for the preparation and submission of
claims to the COSM Trust with effect from This
appointment will remain in effect until further notice.**

**I herewith grant permission to the appointed representative to sign the claims on the
company's/firm's behalf.**

**I/we acknowledged that claims submitted in terms of this appointment shall be
accompanied by the Sworn Affidavit called for in Annexure 1 or 2 or 3.**

**I/we acknowledged that it remains the prerogative of the Administrators to consult
with me directly in respect of any aspect including any disputes arising from the
submission of my company's/firm's claims.**

Yours faithfully

Signature

Capacity



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CLAIMANT REGISTRATION FORM

By completing this registration form the claimant accepts, and agrees to adhere to, the rules and conditions imposed by the COSM Trust

Name of company or entity	
VAT registration no. (Attach copy of certificate)	
Holding company (if applicable)	
Exporter's customs code (see DA550)	
Telephone of Company Code and Tel no.	()
Facsimile of Company Code and Fax no.	()
E-mail address of Company	
URL address of Company	
Postal address of Company	
Postal address of Company	
Postal Code	
Name and E-mail address of Contact person for claims	
Telephone of Contact person Code and Tel no.	()
Facsimile of Contact person Code and Fax no.	()
Name and E-mail address of Export Manager	
Name and E-mail address of Financial Manager	
Name and E-mail address of Managing Director	
Company Bank details: Account number	
Branch code	
Name of Bank	



**COSM TRUST
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AGREEMENT TO VAT INVOICING

I, the exporter and the undersigned, in my capacity as _____

of _____
(company name)

hereby grant permission to SAISI to do invoicing of the COSM rebate on behalf of our company.

We undertake to:

- a) notify SAISI of any change in VAT status
- b) not to issue tax invoices, debit notes or credit notes in respect of the transaction/(s) in question.

NAME: _____
(in block letters)

SIGNATURE: _____

DATE: _____



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**PERMISSION TO VERIFY DOCUMENTS AT
CUSTOMS AND EXCISE**

I, the **exporter** and the undersigned, in my capacity as _____
_____ of _____

(Company Name)

(Exporters customs code number)

hereby grant permission to SARS to reveal the original export documentation to SAISI for verification purposes.

NAME: _____
(In block letters)

SIGNATURE: _____

DATE: _____