



**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 LETTER**

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

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



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**CLAIMANT PRODUCT INFORMATION**

Please supply the Harmonised System product classification statistical code and the description thereof, for the products you manufacture and want to claim on.

<b>TARIFF CLASSIFICATION CODE</b>	<b>DESCRIPTION</b>



**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 \_\_\_\_\_

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(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: \_\_\_\_\_