

**FORM F**

**Application for the revocation of a licence in terms of section 24 of the  
Petroleum Pipelines Act, 2003 (Act No. 60 of 2003)**

**INSTRUCTIONS**

1. Before completing this form, you are advised to read the following documents:
  - (a) the Petroleum Pipelines Act, 2003 (Act No. 60 Of 2003) and its regulations; and
  - (b) the Rules made in terms of the Petroleum Pipelines Act, specifically rule
2. Please note that this form has four sections (A, B, C, & D). An applicant must provide **all** information and supporting documentation required. Incomplete applications will not be accepted.
3. The completed form with supporting documentation must be delivered to the Energy Regulator:
  - (a) by registered mail to: P O Box 40343, Arcadia 0007; or
  - (b) by hand at: Kulawula House, 526 Madiba Street, Arcadia, Pretoria; or
  - (c) electronically to [pipelines@nersa.org.za](mailto:pipelines@nersa.org.za); or
  - (d) by fax to 012 401 4700
4. If you want to request the confidential treatment of certain information in your application, you must do so in accordance with Rule 4 of the Rules made in terms of the Petroleum Pipelines Act.

**ENQUIRIES:**

Contact:	Executive Manager: Petroleum Pipelines Regulation
Contact no.:	(012) 401 4600
Fax no.:	(012) 401 4700

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**OFFICIAL USE ONLY**

Date received \_\_\_\_\_  
Reference number \_\_\_\_\_

**SECTION A: PARTICULARS OF LICENSEE**

- 1. Name of licensee: **Total South Africa (Pty) Ltd**.....
- 2. Licence number: **PPL.SF.f3/11/10/2006**.....
- 3. Type of licence: **Operating Licence**.....
- 4. Date on which the Energy Regulator issued the licence: **18 August 2008**.....
- 5. Details of the licensed facility/ area .....  
**The depot is situated at 6 Carl Trichardt Street, Ohrigstad, Mpumalanga**.....
- 6. Details of mandated representative, including:
  - a) Designation: **Operations Manager**.....
  - b) Family name: **Meletse** .....
  - c) First name: **Dieketseng** .....
  - d) Telephone number: **011 778 2510**.....
  - e) Fax number: **011 778 2001**.....
  - f) Email address: **dieketseng.meletse@total.co.za**.....

**SECTION B: REASON(S) FOR APPLICATION**

7. Indicate the reason(s) for the application by ticking the appropriate box below:

- (a) The licensed facility or activity is no longer required
- (b) The licensed facility or activity is not economically justifiable
- (c) Another person is willing and able to assume the rights and obligations of the licensee concerned in accordance with the requirements and objectives of the Act

8. If the reason for the application is that the licensed facility or activity

- (a) is no longer required, or
- (b) is not economically justifiable,

provide a detailed explanation and submit documentation in support of your reason(s).

**Total has to comply to the SANS and Total Group's international standards with regards to Health, Safety and Environment requirements, and both standards require a capital investment on ..... and given the decline in volumes in the area, this investment is not viable.**

9. If the reason for the application is that another person is willing and able to assume the rights and obligations of the licensee in accordance with the



**SECTION D: SOLEMN DECLARATION BY THE APPLICANT OR MANDATED REPRESENTATIVE**

I DIEKETSING MLETSE (full names) Identity

Number..... hereby declare that:

- (a) I am authorised by TOTAL SOUTH AFRICA to make this declaration (attach the authorisation); and
- (b) all information provided herein is within my personal knowledge and is both true and correct.

Signed at ROSEBANK (place) on this 01 day of JUNE (month) 2017 (year).

[Signature]

**Signature**

I certify that the deponent:

- (a) has acknowledged that she/he knows and understands the contents of this application form and its annexures, that she/he has no objection to taking the prescribed oath and that she/he considers the oath binding on her/his 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 ROSEBANK (place) on this 01 day of JUNE (month) 2017 (year).

[Signature]  
COMMISSIONER OF OATHS

Name MS Manderson  
Address 15 Duval AB  
Capacity CAPT.

