CHECK LIST

DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES

FOR OFFICIAL USE ONLY

(NB supporting documents must be in original form or if copies must be certified)

|  |  |
| --- | --- |
| Applicants name |  |
| Date application submitted  |  |
| 1. Distance in km from DAFF regional office to the feed mill | A: km @ R8.00/km = R |
| 2. Distance in km from DAFF regional office to ABP supplier | B: km @ R8.00/km = R |
| 3. Distance in km from DAFF regional office to abattoir | C km @ R8.00/km =R |
| Inspection fee applicable  | D R 1350 |
| Application fee to be paid | Total (A+B+C+D) R |
|  | YES | NO/ MISSING |
| Application form completed properly and signed by commissioner of oath and applicant |  |  |
| Application form completed properly and signed by commissioner of oath and supplier |  |  |
| Application form completed properly and signed by commissioner of oath and abattoir manager |  |  |
| Proof of raw material registration supplied |  |  |
| Applicant manufacturing process flow diagram supplied |  |  |
| ABP manufacturing process flow diagram supplied |  |  |
| Proof of independent auditable traceability system by SABS or NRCS as per Government Notice No. 356 of 29 April 2011 |  |  |
| Exemption letter from Director Animal Health as per Government Notice No. 356 of 29 April 2011 |  |  |
| Applicants proof of registration in terms of Act 27 of 2003; Act 19 of 1982 or Act 53 of 1947 |  |  |
| Proof of payment |  |  |
|  | Date  | Checked by  |
|  |  |  |
| Screening decision  | Accepted | Declined  |
|  |  |  |
| Date of collectionNB: Processing time is 60 working days from the day the application is received at DAFF |  |  |

CONFIDENTIAL

FERTILISERS, FARM FEEDS, AGRICULTURAL REMEDIES

AND STOCK REMEDIES ACT, 1947

Registrar Act 36 of 1947

Agriculture Building, Beatrix Street, Pretoria

Private Bag X343, Pretoria, 0001

|  |
| --- |
| APPLICATION FOR AN EXEMPTION TO USE MAMMALIAN BLOOD MEAL IN MONOGASTRIC FEEDS |

***Instructions****: This application form must be completed in duplicate.* ***It must only be signed by a registered person in terms of section 20(3) of the Natural Scientific Professions Act, 2003 or Act 19 of 1982****; a person who has been given power of attorney by the applicant to sign on his/her behalf must also be registered and such proof must accompany this application. Only South African residents or employees of a business that has a South African office and address can complete this application form.*

**PART A**

1. **Applicant**

 1.1 Name of applicant :

 1.2 Registration number of company :

2. **Address of the feed manufacturing facility**

 2.1 Postal address :

 2.2 Postal code :

 2.3 Street address :

 2.4 Telephone number :

 Fax number :

 Dialling code

 2.5 Initials and surname(s)

of responsible person

 :

 2.6 Qualifications :

 2.7 Professional registration number :

 :

3. **Description of feed manufacturing facility**

 3.1 the animal feeds manufacturing facility is a

Single specie □ multiple specie □

If multiple specie list the species

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3.2 has the production flow diagram been attached

 YES □ NO □

4. **Application category**

|  |  |
| --- | --- |
| 1. ABP is locally produced (complete part B &C) |  |
| 2. ABP is imported (supply proof from regulatory authorities in the country of origin regarding the type and nature of the ABP and manufacturing facility, and proof of compliance with local legislation) |  |

**DECLARATION TO BE COMPLITED BY THE APPLICANT**

*(****Note****: Any person who in any application makes any statement which is false in any material respect, knowing it to be false, or fails to disclose any information with intent to deceive, shall be guilty of an offence).*

**DECLARATION**

I hereby certify that the information furnished in this application is to the best of my knowledge true, correct, complete and complies with the requirements of Act No. 36 of 1947; acknowledge my responsibilities in terms of the Act; and grant permission to the Registrar of Act No.36/1947 to cancel this registration in terms of *Section 4* of the Act should it be established that the information supplied in this application and with this application is not true and does not comply with the requirements of the Act; and that I am a registered Animal Scientist in terms of section 20(3) of the Natural Scientific Professions Act, 2003 or registered as a Veterinarian in terms of Act 19 of 1982.

**Initials and Surname**……………………………………..**Signature**……………………………………………..

**Capacity**……………………………………………………**Date**.…………………………………………………..

**DECLARATION TO BE MADE IN THE PRESENCE OF A JUSTICE OF PEACE/COMMISSIONER OF OATHS**

**VERKLARING WAT VOOR 'N VREDEREGTER/KOMMISSARIS VAN EDE AFGELÊ MOET WORD**

|  |  |  |
| --- | --- | --- |
|  | ......................................................................................**INITIALS AND SURNAME / VOORLETTERS EN VAN**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ..............................................................**SIGNATURE OF APPLICANT****HANDTEKENING VAN AANSOEKER** |  | .....................................**DATE/DATUM** |  | ..................................**TEL. NO.** |
| I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponents signature/thumb print/mark was placed thereon in my presence. |  | Ek sertifiseer dat die verklaarder erken dat hy/sy vertroud is met die inhoud van die verklaring en dit begryp. Hierdie verklaring is beëdig/bevestig voor my en verklaarder se handtekening / duimafdruk / merk is in my teenwoordigheid daarop aangebring. |

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| --- | --- | --- |
|  | ...............................................................................**JUSTICE OF THE PEACE/VREDEREGTER****COMMISSIONER OF OATHS / KOMMISSARIS VAN EDE** |  |

|  |  |
| --- | --- |
| First names and surname: Voorname en van: | ............................................................................................................*(BLOCK LETTERS / DRUKSKRIF)* |
|  |  |  |
| Designation (rank):Amp (rang): | ........................................................................ | *Ex Officio* Republic of South Africa Republiek van Suid-Afrika |
| Business address:Besigheidsadres: | ..................................................................................................................................................................................................................................................................(Street address must be stated / Straatadres moet ingevul word) |
|  |  |
|  |  |
|  |  |
| Date/Datum............................................. | Place/Plek.................................................................................. |

**PART B**

**1. Animal by-product manufacturing facility**

 1.1 Name of company :

 1.2 Registration number of company

 1.3 Postal address :

 1.4 Postal code :

 1.5 Street address :

1.6 Telephone number :

 Fax number :

 Dialling code :

 1.7 Sterilising plant :

 Registration number :

 1.8 Initials and surname(s) of responsible

person (s) :

 1.9 Qualifications :

 1.10 Professional registration number :

**2 Description of animal by-product manufacturing facility**

 2.1 the manufacturing facility is a

Single specie □ multiple specie □

If multiple specie list the species

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2.2 has the production flow diagram been attached

 YES □ NO □

3. **Particulars of product** :

 3.1 Trade name

 3.2 registration number (Act 36 of 1947) :

 3.3 How is the product sold :

|  |  |
| --- | --- |
|  | Bulk : |
|  | Containers : |

3.4 Description of type and size of container :

3.5 Proof of registration attached

 YES □ NO □

3.6 Are you the supplier of this product to the applicant?

 YES □ NO □

**DECLARATION TO BE COMPLITED BY THE ABP MANUFACTURER**

*(****Note****: Any person who in any application makes any statement which is false in any material respect, knowing it to be false, or fails to disclose any information with intent to deceive, shall be guilty of an offence).*

**DECLARATION**

I hereby certify that the information furnished in this application is to the best of my knowledge true, correct, complete and complies with the requirements of Act No. 36 of 1947; acknowledge my responsibilities in terms of the Act; and grant permission to the Registrar of Act No.36/1947 to cancel this registration in terms of *Section 4* of the Act should it be established that the information supplied in this application and with this application is not true and does not comply with the requirements of the Act.

**Initials and Surname**……………………………………..**Signature**……………………………………………..

**Capacity**……………………………………………………**Date**.…………………………………………………..

**DECLARATION TO BE MADE IN THE PRESENCE OF A JUSTICE OF PEACE/COMMISSIONER OF OATHS**

**VERKLARING WAT VOOR 'N VREDEREGTER/KOMMISSARIS VAN EDE AFGELÊ MOET WORD**

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|  | ......................................................................................**INITIALS AND SURNAME / VOORLETTERS EN VAN**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ..............................................................**SIGNATURE OF APPLICANT****HANDTEKENING VAN AANSOEKER** |  | .....................................**DATE/DATUM** |  | ..................................**TEL. NO.** |
| I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponents signature/thumb print/mark was placed thereon in my presence. |  | Ek sertifiseer dat die verklaarder erken dat hy/sy vertroud is met die inhoud van die verklaring en dit begryp. Hierdie verklaring is beëdig/bevestig voor my en verklaarder se handtekening / duimafdruk / merk is in my teenwoordigheid daarop aangebring. |

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| --- | --- | --- |
|  | ...............................................................................**JUSTICE OF THE PEACE/VREDEREGTER****COMMISSIONER OF OATHS / KOMMISSARIS VAN EDE** |  |

|  |  |
| --- | --- |
| First names and surname: Voorname en van: | ............................................................................................................*(BLOCK LETTERS / DRUKSKRIF)* |
|  |  |  |
| Designation (rank):Amp (rang): | ........................................................................ | *Ex Officio* Republic of South Africa Republiek van Suid-Afrika |
| Business address:Besigheidsadres: | ..................................................................................................................................................................................................................................................................(Street address must be stated / Straatadres moet ingevul word) |
|  |  |
|  |  |
|  |  |
| Date/Datum............................................. | Place/Plek.................................................................................. |

**PART C**

**1. Abattoir**

 1.1 Name of company :

 1.2 Registration number of company

 1.3 Postal address :

 1.4 Postal code :

 1.5 Street address :

1.6 Telephone number :

 Fax number :

 Dialling code :

 1.7 Registration number

 (Act 40 of 2000) :

 1.8 Initials and surname(s) of responsible

person (s) :

 1.9 Qualifications :

 1.10 Professional registration number :

**2 Description of abattoir**

 2.1 the facility is a

Single specie □ multiple specie □

If multiple specie list the species

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2.2 Describe slaughtering method used, including blood collection and storage process

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.3 Are you the supplier of blood to the sterilizing plant?

 YES □ NO □

**DECLARATION TO BE COMPLITED BY THE ABATTOIR MANAGER**

*(****Note****: Any person who in any application makes any statement which is false in any material respect, knowing it to be false, or fails to disclose any information with intent to deceive, shall be guilty of an offence).*

**DECLARATION**

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**Initials and Surname**……………………………………..**Signature**……………………………………………..

**Capacity**……………………………………………………**Date**.…………………………………………………..

**DECLARATION TO BE MADE IN THE PRESENCE OF A JUSTICE OF PEACE/COMMISSIONER OF OATHS**

**VERKLARING WAT VOOR 'N VREDEREGTER/KOMMISSARIS VAN EDE AFGELÊ MOET WORD**

|  |  |  |
| --- | --- | --- |
|  | ......................................................................................**INITIALS AND SURNAME / VOORLETTERS EN VAN**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ..............................................................**SIGNATURE OF APPLICANT****HANDTEKENING VAN AANSOEKER** |  | .....................................**DATE/DATUM** |  | ..................................**TEL. NO.** |
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|  |  |
| Date/Datum............................................. | Place/Plek.................................................................................. |

**FOR OFFICIAL USE ONLY**

The Registrar (Act 36 of 1947)

The registration is Recommended................................ \* Not Recommended.............................

Technical Adviser .................................................... Date......................................................

\* Any reason for not recommending an application for registration or any conditions that should be imposed on the registration must be attached in the form of a minute.

**TECHNICAL ADVISORS COMMENTS**

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