



# agriculture, forestry & fisheries

Department:  
Agriculture, Forestry and Fisheries  
REPUBLIC OF SOUTH AFRICA

## Registrar of Plant Improvement

Directorate Plant Production  
Private Bag X250  
Pretoria 0001

Tel. 012 319 6255/6034  
Fax. 012 319 6353

### APPLICATION FOR REGISTRATION OF PREMISES: TEST LABORATORY

[In terms of section 7 of the Plant Improvement Act, 1976 (Act 53 of 1976)]

**INSTRUCTIONS:** Please fill in the form in clear letters, e-mail to [LindaSN@daff.gov.za](mailto:LindaSN@daff.gov.za) and [JoanS@daff.gov.za](mailto:JoanS@daff.gov.za)

#### PARTICULARS OF APPLICANT

Company name/Name of legal person

Surname of natural person (owner)

Initials  Title

Postal address of applicant

Postal Code

#### FOR OFFICE USE

Receipt Amount

Receipt No.

Receipt Date

#### PARTICULARS OF PREMISES

Name under which business is to be conducted

Physical address of premises

Magisterial District  Postal Code

Province:  Cellphone

Telephone number  Fax number

E-mail

#### KIND OF BUSINESS

Seed Testing Laboratory	<input type="checkbox"/>	Diagnostic Laboratory for seed	<input type="checkbox"/>	Diagnostic Laboratory for plants	<input type="checkbox"/>	Biomolecular Laboratory	<input type="checkbox"/>
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Name of person in charge of Laboratory

Has the premises to which this application relate, already been registered in respect of one or more kinds of business as indicated above?  Yes  No

Has another premises of your organisation which conducts a business under the same name, already been registered in terms of the Plant Improvement Act?  Yes  No

If "YES", please provide the following particulars:

a) DAFF Registration number of registered premises:

b) Name under which that business is conducted on the registered premises:

I, ..... hereby apply for the registration of the premises in respect of which particulars are specified and declare that, to the best of my knowledge, the information furnished in this application is correct and that no relevant information has been omitted.

Signed at (place) ..... on (date) .....

.....  
Signature of applicant

.....  
Capacity

**TYPE OF SEED/PLANTS INTENDED TO BE TESTED AT THE LABORATORY:**

Grasses	
Vegetable crops	
Agronomic crops	

Seed potatoes (tubers)	
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Fruit crops	
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**SKETCH / GOOGLE MAPS LOCATION OF PREMISES**  
in relation to the nearest town/city if not in town/city



Name of premises .....

Name of person in charge .....