

**REGISTRATION NUMBER:**

**APPLICATION FOR REGISTRATION OF MANUFACTURERS AND TREATMENT PROVIDERS FOR SOLID WOOD PACKAGING MATERIAL INTENDED FOR EXPORT**

1. **DECLARATION OF INTENT:**

I/We the undersigned as wood packaging manufacturer/s / wood treatment provider/s understand and undertake to comply with all the stipulations of the International Plant Protection Convention (IPPC), International Standard on Phytosanitary Measures (ISPM) - Guidelines for Regulating Wood Packaging Material in International Trade (ISPM No. 15), with specific reference to the following:

1. All wood packaging material shall be treated in accordance with the “Approved measures associated with Wood Packaging Material as included in Annex 1 of the above mentioned guidelines, which are attached.
2. All wood packaging material shall be certified as having been subjected to an approved phytosanitary measure indicated in Annex 1 and by means of the approved certification mark included in Annex 11of the above – mentioned guidelines:
3. All pages are to be signed in the appropriate places and also at the bottom of each page of the document.
4. The applicant shall be liable for costs incurred by the implementation of the mentioned international standard.
5. I/We accept that if in any manner I/we do not comply with the requirements of the above mentioned international standard it could result in the cancellation of registration.
6. By signing this application form I/we comply with the measures of the above mentioned international standard.
7. The Department of Agriculture, Forestry and Fisheries (DAFF)) shall not be held responsible for any financial or other losses, incurred as a result of non compliance to the measures of the above mentioned international standard.
8. I/We accept the opinion, protocol and requirements of the South African National Plant Protection Organization (Directorate Plant Health) as a final and in accordance with the above mentioned international standard.
9. The completed application form must be couriered (not mailed) to Department of Agriculture, Forestry and Fisheries(DAFF) 30 Hamilton Street, Harvest House, Room 203, Pretoria, 0001, Tel: (012) 319 6399 (Email address for enquiries: [MikeH@daff.gov.za](mailto:MikeH@daff.gov.za) or [PatriciaM@daff.gov.za](mailto:PatriciaM@daff.gov.za))
10. The client should notify the Department of Agriculture Forestry and Fisheries in writing in case he/she decide to change the following:
    1. Address of the business premises
    2. Telephone number or fax number

**Failure to comply with the above requirement will result in de-registration of the company as a result of no traceability.**

1. **COMPANY INFORMATION**

1. Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Managing Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 Telephone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10 Treatment being applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**