

**REPUBLIC OF SOUTH AFRICA**

**DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES**

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**FORM B**

COMPLAINT FORM **FOR UNREGISTERED PRODUCTS**

**(FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES, STOCK REMEDIES AND PEST CONTROL OPERATORS ACT, 1947**

**(ACT NO. 36 OF 1947)**

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**Name of complainant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF COMPLAINT/**  **DESCRIPTION** | **NAME OF THE ALLEGED OFFENDER/**  **ACCUSED** | **PHYSICAL ADDRESS** | **CONTACT NO./E-MAIL** | **ALLEGED REGIS**  **TRATION NUMBER** | **BATCH NUMBER** | **TRADE MARK** | **RETAIL NAME WHERE THE ITEM WAS PURCHASED** |
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**(Kindly attach invoice/receipt if available)**

**FOR OFFICIAL USE ONLY**

This is to certify that Inspection Services have received a complaint form from a complaint and issued an acknowledgement letter within 24 hours.

**Checked:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HEAD: INSPECTION SERVICES UNDER ACT NO. 36 OF 1947**