

## APPLICATION FORM FOR REGISTRATION OF A MOBILE GAME MEAT ABATTOIR

## [MEAT SAFETY ACT, 2000 (ACT NO. 40 OF 2000)]

Please note that this application form is for the registration of a mobile game meat abattoir by the National Executive Officer (NEO). The abattoir will need the approval of the Provincial Executive Officer (PEO) for slaughter operations in terms of the guidelines for mobile game meat abattoirs.

| 1. APPLICANT/OWNER'S DETAILS   Name of Applicant (include title)  |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| If application is on behalf of a company/group of individuals, give name(s) of company/individuals and registration/ID number(s): |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Postal Address of applicant:  |  |  |  |  |
| Physical address of applicant:  |  |  |  |  |
| Tel no: Fax no  |  |  |  |  |
| Cell no:email address:email address:  |  |  |  |  |

## 2. DETAILS OF PROPOSED ABATTOIR

Proposed name of abattoir (in full): \_\_\_\_

Maximum daily throughput applied for: \_\_\_\_\_

## 3. EQUIPMENT

| -  |  |
|----|--|
| a. | Water storage capacity (/)                 |
| b. | Source(s) of electricity and capacity (KW) |
| c. | Effluent storage capacity (/)              |
|    |  |

\_\_\_\_\_

| 4. <u>DECLARATION</u>   |  |  |  |  |  |
|---|--|--|--|--|--|
| I, the undersigned, hereby apply in terms of the Meat Safety Act, 2000, for the evaluation of my application to register a mobile game meat abattoir. |  |  |  |  |  |
| An application fee of and proof of payment has been paid into the departmental account, and proof of payment has been attached.                       |  |  |  |  |  |
| Signature Date Date   |  |  |  |  |  |
| NB: Payment methods   |  |  |  |  |  |
| Account Name:   |  |  |  |  |  |
| Bank Account – Bank: ABSA, Branch code:, Account No.:, Ref No.:   |  |  |  |  |  |
| 5. INFORMATION REQUIRED   |  |  |  |  |  |

NB: Please attach the following documents:

4. Abattoir design plans (scale 1:100 or 1:200) -

The abattoir plan must include the following:

Floor plan Side elevations Detailed plans of every room

| For Office Use Only            |                           |        |  |  |
|--------------------------------|---------------------------|--------|--|--|
| Date of receipt of application | Proof of payment received | Yes No |  |  |
| Amount Paid                    |                           |        |  |  |
| Data Capturer Name             | Signature                 | Date   |  |  |