



agriculture, forestry & fisheries

Department:
Agriculture, forestry & fisheries
REPUBLIC OF SOUTH AFRICA

CONFIDENTIAL

**APPLICATION FORM FOR THE REGISTRATION OF MILK
REPLACERS
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

Instructions: This application form must be completed in duplicate. It must only be signed by the applicant, employee of the applicant in case of a business or a person who has been given power of attorney by the applicant to sign on his/her 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. This application form can be used to register more than one milk replacer provided that the milk replacer is of the same kind and falls within the same tramline or it differs only in the trade name

APPLICANTS DETAILS	
<i>Particulars to be supplied</i>	<i>Complete this side</i>
Applicants name	
Company registration number	
Identity number (if its an Individual)	
<i>Contact details</i>	
Postal address	
Postal code	
Street/Physical address	
Telephone number	
Fax number	
E-mail address	
APPLICANT CATEGORY	<i>Tick relevant category</i>
1. Importer for own use	
2. Importer to sell/retail	
3. Importer for own use and to sell/retail	
4. Manufacturer for own use	
5. Manufacturer to sell/retail	
6. Manufacturer for own use and sell/retail	
7. Local trader/distributor/seller	



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Instructions: *If the manufacturer is outside the Republic of South Africa, proof of compliance by the manufacturer with local authorities/ legislation in the country of origin must be supplied.*

MANUFACTURER DETAILS	
<i>If more than one manufacturer and/or manufacturing site supply this information by duplicating this page</i>	
Name	
Postal Address	
Street/Physical Address	
Telephone number	
Fax number	
E-mail address	
Country	
Facilities accreditation/ licensing (information)	
Sterilization installation registration (<i>if applicable</i>)	
<i>Details of Responsible Person</i>	
Name and surname	
Qualifications	
Professional registration	



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Instructions: A tramline must be declared for the Milk replacer irrespective of . Each label must declare the exact nutrient composition for each Milk replacer.

MANDATORY GUARANTEED ANALYSIS TO BE DECLARED					
Nutrients	Minimum	Maximum	Units	Actual (if applicable)	Office use only
Crude protein					
Lysine					
Moisture					
Crude fat					
Crude fibre					
Calcium					
Phosphorus					
pH (where applicable)					
Starch					
ADDITIONAL GURANTEES TO BE DECLARED (where applicable)					
ME(where applicable)					
Vitamin A					
Vitamin D					
Vitamin E					
Vitamin K					
Thiamine					
Riboflavin					
Biotin					
Folic Acid					
Pantothenic Acid					
Niacin					
Choline					
Vitamin B 12					
Vitamin C					
Pyridoxine					
Linoleic Acid					
Methionine					



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(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

.....
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 vertrouwd 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.

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



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First names and surname:
Voorname en van:
(BLOCK LETTERS / DRUKSKRIF)

Designation (rank): *Ex Officio* Republic of South Africa
Amp (rang): Afrika Republiek van Suid-Afrika

Business address:
Besigheidsadres:
.....
(Street address must be stated / Straatadres moet ingevul word)

Date/Datum..... Place/Plek.....

FOR OFFICE 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 ADVISER'S COMMENTS:

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TECHNICAL ADVISER

DATE