

 <p>agriculture, forestry & fisheries</p> <p>Department: Agriculture, forestry & fisheries REPUBLIC OF SOUTH AFRICA</p>	<p style="text-align: center;">CONFIDENTIAL</p> <p style="text-align: center;">APPLICATION FORM FOR THE REGISTRATION OF PET FOOD FERTILISERS, FARM FEEDS, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947</p> <p style="text-align: center;">Registrar Act 36 of 1947 Agriculture Building, Beatrix Street, Pretoria Private Bag X343, Pretoria, 0001 Tel : (012) 319 7910</p>
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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.

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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Registrar Act 36 of 1947
Agriculture Building, Beatrix Street, Pretoria
Private Bag X343, Pretoria, 0001
Tel : (012) 319 7910

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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(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 AFGELË 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): 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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AFFIDAVIT ON PET FOOD NUTRITIONAL ADEQUACY (Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No. 36 of 1947))

REGISTRATION HOLDER:
ADDRESS:
PRODUCT NAME:

- 1. I, the undersigned... do hereby make oath and say that:
2. The nutritional representation which either appears on the label of the product and/or is reflected in the application form has been substantiated by scientifically accurate calculations which are recorded on the file at:
3. The product contains ingredients in quantities that meet or exceed the nutrient levels for the intended use and species as specified in the application or label and which has been agreed to by a registered institution on animal nutrition.
4. The product has been designed and developed by:-
4.1 NAME: QUALIFICATIONS: ADDRESS:
4.2 NAME: QUALIFICATIONS: ADDRESS:

who is/are suitably qualified and experienced to perform this task.

DEPONENT



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**INITIALS AND SURNAME
VOORLETTERS EN VAN**

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**SIGNATURE OF APPLICANT
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Date/Datum

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