



agriculture

Department:
Agriculture
REPUBLIC OF SOUTH AFRICA

Directorate: Animal and Aquaculture Production
Private Bag X138, Pretoria (Tshwane), 0001
Delpen Building, C/o Annie Botha & Union Street, Riviera, 0084

APPLICATION TO IMPORT ANIMALS FOR CERTAIN PURPOSES (FEEDLOTS AND DIRECT SLAUGHTER)

CONFIDENTIAL

ANIMAL IMPROVEMENT ACT, 1998 (ACT NO. 62 OF 1998) AND THE REGULATIONS PROMULGATED IN TERMS THEREOF

A. IMPORTANT INFORMATION

1. Complete fully in print
2. Incomplete applications will be returned to the applicant and no responsibility for any inconvenience will be accepted.
3. Application to be submitted 30 days prior to importation/exportation.
4. Ensure that the prescribed application fee (**R65.00**) is attached to the application.
5. Make cheques and postal orders payable to:

The Director General: Agriculture

6. Submit the application to:

The Registrar of Animal Improvement
Private Bag X138
Pretoria, 0001
Tel No. : (27) 12-319 7429/38
Fax No. : (27) 12-319 7570/7425

Bank Details:

Standard Bank
Branch: Arcadia
Acc.: 011219556
Branch Code: 000845 / 010845

B. PERSONAL PARTICULARS

1. Full names and surname of the importer or name of the company.

2. Identity number/Company number/Passport number: _____
3. Registered name of the farm: _____
4. Magisterial district and Province: _____
5. Postal and residential address: _____

6. Postal code: _____
7. Telephone (code & number): _____
8. Fax number: _____

C. DETAILS OF IMPORTATION/EXPORTATION

1. **Purpose** (mark with cross)

Commercial finishing in feedlots	Direct slaughter
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2. **Type of animal/s**

Mark with a cross

Cattle	Sheep	Goats	Horses	Others
Breed of animal/s				

3. **Number of animals**

Male	Female	Unweaned	Castrated
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4. Permanent brand/tattoo or description of animal/s

5. Intended date of importation/exportation

6. Intended date of return to country of origin (if applicable)

7. IMPORTATION PARTICULARS

- a) Name & physical address of person & farm or feedlot in South Africa where the animals will be kept.

- b) Telephone number: _____
- c) Magisterial district: _____
- d) State Veterinarian: _____

D. COUNTRY OF ORIGIN

Country: _____

Full address of establishment from where the import is to be made

Port or Border of Entry: _____

DECLARATION BY APPLICANT

I, the undersigned, hereby declare that the afore-mentioned details are to the best of my knowledge true & just.

SIGNATURE OF APPLICANT

DATE