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|  <p>agriculture, forestry & fisheries</p> <p>Department: Agriculture, Forestry and Fisheries REPUBLIC OF SOUTH AFRICA</p> | <p>CONFIDENTIAL</p> <p>APPLICATION FORM FOR THE REGISTRATION OF COMPLETE OR CONCENTRATE HORSE AND OTHER FEED</p> <p>FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947 (Act No. 36 of 1947)</p> <p>Registrar: Act No. 36 of 1947 Agriculture Place, 20 Steve Biko Road, Arcadia, 0002 Private Bag X343, Pretoria, 0001 Tel : +27 12 319 7103 AIChelpdesk@daff.gov.za</p> | <p>Doc Ref: FF/HOF_01</p> |
| | <p>Revision No: 1</p> | |
| | <p>Date Modified: March 2015</p> | |

**CHECK LIST FOR COMPLETE HORSE AND OTHER FEED
DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES**

To be completed by the applicant and handed in together with the application and supporting documents
(NB supporting documents must be in the original form or if in a copy form must be certified by commissioner of oaths)

| Applicants name | | | |
|--|----------|-------------|----------------------|
| Date application submitted | | | |
| | YES | NO/ MISSING | PREVIOUSLY SUBMITTED |
| Proof of registration in terms of Act No. 27 of 2003 (SACNSP) (MANDATORY) | | | |
| Proof of registration in terms of Companies Act / Identity document (MANDATORY) | | | |
| Proof of exemption to use blood meal in monogastric feed | | | |
| Proof of independent auditable traceability system (ISO/ SABS/ NRCS/GMP/DAFF Animal Health) | | | |
| Label art-work or final packaging (MANDATORY) | | | |
| Certificate of analyses | | | |
| Product specification sheet (MANDATORY) | | | |
| Exporter proof of compliance with Competent Authority in country of origin (MANDATORY) | | | |
| Application form completed properly and signed by commissioner of oath and applicant (MANDATORY) | | | |
| Proof of payment (MANDATORY) | | | |
| FOR OFFICIAL USE ONLY | Date | Checked by | |
| | | | |
| Screening decision | Accepted | Declined | |
| | | | |
| Date of collection NB: Processing time is 120 calendar days from the day the application is received at DAFF | | | |




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COMPLETE OR CONCENTRATE HORSE AND OTHER FEED
FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND
STOCK REMEDIES ACT, 1947 (Act No. 36 of 1947)**

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Instructions: This application form must be completed in duplicate. **It must only be signed by a registered person in terms of section 20(3) of the Natural Scientific Professions Act, 2003;** a person who has been given power of attorney by the applicant to sign on his/her behalf must also be registered 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.

| APPLICANT DETAILS | |
|--|-------------------------------|
| <i>Particulars to be supplied</i> | <i>Complete this side</i> |
| Applicant name | |
| Company registration number/Identity number | |
| Contact details | |
| Postal address | |
| Postal code | |
| Street name/Physical address | |
| Telephone number | |
| Fax number | |
| Cell number | |
| e-mail address | |
| Web address | |
| APPLICATION CATEGORY | TICK RELEVANT CATEGORY |
| 1. Importer for own use | |
| 2. Importer for retail/sell | |
| 3. Importer for own use and retail/sell | |
| 4. Local manufacturer for own use | |
| 5. Local manufacturer for retails/sell | |
| 6. Local manufacturer for own use and retail | |
| 7. Local trader/distributor/seller | |



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MANUFACTURER DETAILS

If more than one manufacturer or manufacturing site supply this information by duplicating this page

| | |
|--|--|
| Manufacturer name | |
| Company registration number/Identity number | |
| Contact details | |
| Postal Address | |
| Postal code | |
| Street name/Physical address | |
| Telephone number | |
| Fax number | |
| Cell number | |
| e-mail address | |
| Web address | |
| Country | |
| Facilities accreditation/licensing (information) | |
| Sterilizing plant registration (if applicable) | |
| Details of responsible person | |
| Name and Surname | |
| Qualifications | |
| SACNSP Registration number | |



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| DECLARATION | YES | NO |
|--|------------|-----------|
| Does this product contain any animal derived product(s) or by-product(s)? If no, these must be must be declared under <i>feedingstuffs to be declared</i> and be accompanied by Certificates of analysis. | | |
| Are all feedingstuffs used in the manufacture of this product registered and where this is not the case has permission been obtained from the Registrar to use such products? (These feedingstuffs must be declared under <i>feedingstuffs to be declared</i> and be accompanied by Certificates of analysis). | | |
| Have Non-Proteinous-Nitrogen (NPN) products or containing products been deliberately added to this product? Where a NPN containing product has been deliberately added, is it registered for such use in this type of feed? This product must be declared under <i>feedingstuffs to be declared</i> including its registration number. | | |
| Are all veterinary medicines or stock remedies added or to be added to this product registered in South Africa? | | |
| Have all necessary precautions been taken to ensure that the product complies with maximum tolerable levels for undesirable substances as prescribed by Act No. 36 of 1947? | | |
| Does this feed theoretically comply with all the nutritional requirements for its intended specie and production stage or the final product to be made thereof in case of a concentrate? (If it deviate's substantiation data for such a deviation must be submitted). | | |
| Does this product contain a registered vitamin and mineral premix or a custom premix that has been prepared according to applicants' instructions? | | |
| <hr/> <p>SIGNATURE Name & Surname DATE</p> | | |
| COMPANY STAMP/OFFICIAL STAMP (POLICE/POST OFFICE) | | |



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PRODUCT PROFILE

| PRODUCT NAME | KIND OF FEED | KIND OF ANIMAL | PACKAGING | SHELF LIFE |
|--------------|--------------|----------------|-----------|------------|
| | | | | |

MANDATORY GUARANTEED ANALYSIS TO BE DECLARED

| Nutrients | Minimum | Maximum | Units | Actual (<i>if applicable</i>) | Office use Only |
|----------------|---------|---------|-------|---------------------------------|-----------------|
| Crude protein | | | | | |
| Moisture | | | | | |
| Crude fat | | | | | |
| Crude fibre | | | | | |
| Calcium | | | | | |
| Phosphorus | | | | | |
| Ca:P ratio | | | | | |
| Other (if any) | | | | | |
| | | | | | |

Applicants optional additional guarantees to be declared (Mandatory if additional nutrients are declared on the label) OR final mixture nutritional profile in case of a concentrate

| Nutrients | Minimum | Maximum | Units | Actual (<i>if applicable</i>) | Office use Only |
|-----------|---------|---------|-------|---------------------------------|-----------------|
| | | | | | |
| | | | | | |
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AFFIDAVIT ON NUTRITIONAL ADEQUACY

Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No. 36 of 1947)

APPLICANT:.....

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/ electronically at:

.....

..... (Address where record is kept) and which will be furnished to the Registrar upon his request in terms of the Act.

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 does not contain any prohibited substance(s) in terms of Act No. 36 of 1947.

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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DECLARATION TO BE MADE IN THE PRESENCE OF A JUSTICE OF PEACE/COMMISSIONER OF OATHS

.....
INITIALS AND SURNAME

.....
SIGNATURE OF APPLICANT

.....
DATE

.....
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.

.....
**JUSTICE OF THE PEACE
COMMISSIONER OF OATHS**

First names and
surname:

(BLOCK LETTERS)

Designation (rank):

Ex Officio Republic of South
Africa

Business address:

.....
(Street address must be stated)

