

 <p>Department: Agriculture, Forestry and Fisheries REPUBLIC OF SOUTH AFRICA</p>	CONFIDENTIAL	Doc Ref: FF/MR_01
	APPLICATION FORM FOR THE REGISTRATION OF MILK REPLACERS FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947 (Act No. 36 of 1947)	Revision No: 1
	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	Date Modified: March 2015

**CHECK LIST FOR MILK REPLACERS
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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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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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					
Lysine					
pH					
Moisture					
Crude fat					
Crude fibre					
Calcium					
Phosphorus					
Starch					

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)

