

APPLICATION FORM FOR THE REGISTRATION OF PET FOOD (INCLUDING COMPLEMENTARY PET FOOD OR TREAT)

FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947 (Act No. 36 of 1947)

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

Doc Ref:	
FF/PF_01	
Revision No: 1	
Date Modified:	
March 2015	

CHECK LIST FOR PET FOOD(S) 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			
Name of product			
Date application submitted			
	YES	NO/ MISSING	PREVIOUSLY SUBMITTED
Proof of registration in terms of Act No. 27 of 2003; Act No.19 of 1982 or Act No. 53 of 1974 (MANDATORY)			
Proof of registration in terms of Companies Act / Identity document (MANDATORY)			
Proof of exemption to use ruminant 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 working 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.

APPLICAN	TDETAILS
Particulars to be supplied	Complete this side
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
Importer for own use	
Importer for retail/sell	
3. Importer for own use and retail/sell	
Local manufacturer for own use	
Local manufacturer for retails/sell	
Local manufacturer for own use and retail	
Local trader/distributor/seller	

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	TURER DETAILS ring 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)	
Sterilization installation registration (if applicable)	
Details of Responsible Person	
Name and surname	
Qualifications	
Professional registration	



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INGREDIENTS (duplicate where necessary) Ingredient name Inclusion range in the final product		
Ingredient name	Inclusion range in the final product	
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ADDITIVES (duplicate where necessary)			
Active & Activity (%)	Inclusion range in the final product & purpose		



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TYPE OF FOOD:			INTENDED LIFE STAGE:				
Trade Mark:	Mark: Trade Name:		Description of Packaging: Quantities to be sol		Quantities to be sold/used:	sed: Shelf life:	
		MAND	ATORY G	UARANTEED A	NALYSIS TO	BE DECLARED	
Nutrients	Minin	num	Maximun	า	Units	Actual (if applicable)	Office use only
Crude protein							
Moisture							
Crude Fat							
Crude Fibre							
Crude Ash							
Calcium (optional)							
Phosphorus (optional)							
	l		ADDITION	IAL GURANTE	ES TO BE DE	CLARED	

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SUPPORTING DATA FOR COMPLETE PET FOODS (mark where applicable and	attach se	parate ann	exure)	
Does this pet food deviate from the regulations (nutrients, moisture, shelf life etc)			Yes	No
If yes, is supporting data attached			Yes	No
Substantiation of Nutrition Adequacy			1	
		ttached		
Nutritional Profile (Calculation Method)	Yes	No	Yes	No
Feeding Trial	Yes	No	Yes	No
Chemical analysis	Yes	No	Yes	No
Establishments				
New establishment short description manufacturing facility attached			Yes	No
New establishment short description mandracturing facility attached			168	INO
Nutritional Purpose products (scientific motivation attached)			Yes	No
Are carry plained mode on the label			Vaa	- No
Are any claims made on the label			Yes Yes	No No
If yes, is supporting data attached			168	INO
Additional comments (where applicable)				

(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).

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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:
	FOR OFFICE USE ONLY
Th	e Registrar: (Act No. 36 of 1947)
The registration is Recommended	* Not Recommended
Technical Adviser	Date
	ng an application for registration or any conditions that should be istration must be attached in the form of a minute.
TECHNICAL ADVISER'S COMMENT	'S:



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AFFIDAVIT ON PET FOOD NUTRITIONAL ADEQUACY

Fertiliz	zers, Fai	m Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No. 36 of 1947)					
APPLIC	CANT:						
ADDRE	ESS:						
PRODU	JCT NAI	ЛE:					
1.	I, the undersigneddo hereby make oath and say that:						
2.	in the a	ritional representation which either appears on the label of the product and/or is reflected application form has been substantiated by scientifically accurate calculations which are d on the file/ electronically at:					
3.	The product contains ingredients in quantities that meets or exceeds 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 pro	duct has been designed and developed by:-					
	4.1	NAME: QUALIFICATIONS: ADDRESS:					
	VERIFI	ED BY:					
	4.2	NAME: QUALIFICATIONS: ADDRESS:					
who is/a	are suita	bly qualified and experienced to perform this task.					
	DEPON	IENT NUTRITIONIST					

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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.
-	sworn to/affirmed befo		d understands the contents of this nts signature/thumb print/mark was
		PEACE/COMMISSIONER	
First names and surname:		(BLOCK LETT	ERS)
Designation (rank):			Ex Officio Republic of South Africa
Business address:		(Street address mus	t be stated)
Date			Place