

 <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 ANIMAL OR PLANT DERIVED RAW MATERIAL</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/RM_01</p>
	<p>Revision No: 1</p>	
	<p>Date Modified: March 2015</p>	

**CHECK LIST FOR ANIMAL OR PLANT DERIVED RAW MATERIAL
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 it must be certified by commissioner of oaths)

Applicants name			
Date application submitted			
	YES	NO/ MISSING	PREVIOUSLY SUBMITTED
Proof of registration in terms of Companies Act / Identity document (MANDATORY)			
Proof of independent auditable traceability system (ISO/ SABS/ NRCS/GMP/DAFF Animal Health)			
Label art-work or final packaging (MANDATORY)			
Certificate of analyses (MANDATORY)			
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			



agriculture,
forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

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ANIMAL OR PLANT DERIVED RAW MATERIAL
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.

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.

APPLICANTS DETAILS	
<i>Particulars to be supplied</i>	<i>Complete this side</i>
Applicants name Company registration number Identity number (if it is an Individual)	
<p style="text-align: center;">Contact details</p> 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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<p>MANUFACTURER DETAILS</p> <p><i>If more than one manufacturer and/or manufacturing site supply information on a separate annexure</i></p>	
<p>Manufacturer name</p> <p>Company registration number/Identity number</p> <p style="text-align: center;">Contact details</p> <p>Postal Address</p> <p>Postal code</p> <p>Street name/Physical address</p> <p>Telephone number</p> <p>Fax number</p> <p>Cell number</p> <p>e-mail address</p> <p>Web address</p> <p>Country</p>	
<p>Facilities accreditation/licensing (information)</p>	
<p>Sterilizing plant registration (if applicable)</p>	
<p style="text-align: center;">Details of responsible person</p> <p>Name and Surname</p> <p>Qualifications</p> <p>SACNSP Registration number</p>	

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Instructions: If the product deviates from the regulations supporting data must be supplied and in terms of data that is generally available, only data from books, journals and other recognised publications will be accepted. Certified recent copies of certificate/s of analysis/ conformity must be supplied for each product. Printing details or label must be attached for each product. In case of genetically modified organisms, proof of authorisation must be attached

DETAILS OF PRODUCT/S TO BE REGISTERED <i>(a separate annexure can be used)</i>					
Trade mark	Trade Name	Description of Packaging	Intended species	Shelf life	
1					
2					
3					
GUARANTEED ANALYSIS TO BE DECLARED <i>(where applicable)</i>					
1. TRADE MARK:		TRADE NAME:		Office use only: V	
Nutrients	Minimum	Maximum	Units	Actual <i>(if applicable)</i>	Office use only
Crude protein					
Moisture					
Crude fat					
Crude fibre					
Calcium					
Phosphorus					
Crude ash					
Other					
ADDITIONAL GURANTEES TO BE DECLARED WHERE APPLICABLE					

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AFFIDAVIT ON PRODUCT COMPOSITION

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 or analysis 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 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.
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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)



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FOR OFFICIAL USE

The Registrar: Act No. 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 ADVISOR COMMENTS
