



agriculture

Department:
Agriculture
REPUBLIC OF SOUTH AFRICA

Directorate Animal And Aqua Production Systems

Private Bag X138, Pretoria (Tshwane), 0001
Delpen Building, C/o Annie Botha & Union Street, Riviera, 0084

APPLICATION TO IMPORT/EXPORT ANIMALS FOR CERTAIN PURPOSES (SHOWS)

CONFIDENTIAL

ANIMAL IMPROVEMENT ACT, 1998 (ACT NO. 62 OF 1988) 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 **(R303.00)** 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: Aradia
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 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)

| | | |
|-----------------------------------|-------------|--------------|
| Shows | Exhibitions | Competitions |
| Stud mating / Veterinary Services | | |

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 |
|------|--------|----------|-----------|

4. Permanent brand/tattoo or description of animal/s

5. **Complete this part in a case of registered horses or animal/s**

| Name of animal/s | Reg./Passport/Microchip No. | Colour | Gender |
|------------------|-----------------------------|--------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6. Intended date of importation/exportation

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

8. **IMPORTATION PARTICULARS**

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

b) Telephone number: _____

c) Magisterial district: _____

d) State Veterinarian: _____

9. **EXPORTATION PARTICULARS**

a) Export to: _____

b) Name & physical address of person & farm where the animals will be kept.

b) Telephone number: _____

c) Magisterial district: _____

D. COUNTRY OF ORIGIN

Country: _____

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

Port or Border of Entry: _____

DECLARATION OF APPLICANT

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

SIGNATURE OF APPLICANT

DATE



agriculture

Department:
Agriculture
REPUBLIC OF SOUTH AFRICA

Directorate Animal Health (Sub-Directorate: Permit Office)

Private Bag X138, Pretoria (Tshwane), 0001
Delpen Building, C/o Annie Botha & Union Street, Riviera, 0084
Enquiries: Ina Labuschagne: Telephone No: (+27) 012 319 7514/7632/7414/7503
Fax No: (+27) 012 329 8292

APPLICATION THE IMPORT ANIMALS OR ANIMAL PRODUCTS INTO THE RSA (NOT SUBJECT TO QUARANTINE)

A. IMPORTANT INFORMATION

1. Please complete this form fully, in BLOCK LETTERS, prior to the return thereof.
2. Import permit are valid for a limited period and for one consignment only.
3. Imports may not be authorized telephonically or telegraphically.
4. Application for a permit must be made at least six weeks but not longer than eight weeks prior to introduction.
5. After completion, return the application to: Director of Animal Health, Private Bag X138, Pretoria, 0001
6. All veterinary certificates must be made available at port of entry only and need not accompany this application.

B. PERSONAL DETAILS

| | | | |
|----|---------------------------------------|--|----------------------|
| 1. | Name and Surname/Company Name | | |
| 2. | Postal and Residential Address | | |
| | | | |
| | | | |
| 3. | Postal Code | | Telephone no. |
| | | | Fax no. |

C. IMPORT DETAILS

| | | |
|---|---|--|
| 1. | The number of and/or species and/or class of animal products sought to be imported. | |
| | | |
| 2. | The country and part of country of origin | |
| | | |
| 3. | The port or airport or place from which the animal/product will be loaded. | |
| | | |
| 4. | The port, airport of place in the Republic through which the animals/products will be imported. | |
| | | |
| 5. | The purpose for which the animals/animal products are to be imported. | |
| | | |
| 6. | Full address of immediate destination in the Republic after off-loading | |
| | | |
| | | |
| Telephone/Cellphone numbers of person where the animals/products will be kept: | | |
| 7. | The date of embarkation of the animals/products for the Republic- month and year | |

7. The correct fee (R105.00) must accompany each application.
8. Make cheques and postal orders payable to:
Director General: Agriculture
9. Applications must be submitted to the:
Animal Health
Private Bag X138
Pretoria
0001
Tel: (27) 12-319 7429 / 7438
Fax: (27) 12-319 7570 / 7425
10. Do you want the permit/s to be:
 - Collected
 - Post

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

Signature of applicant _____

Date _____



REPUBLIC OF NAMIBIA

Mrs Hailwa
Tel: 00264-61-2087540
Fax: 00264-61-2087786

MINISTRY OF AGRICULTURE, WATER AND RURAL DEVELOPMENT

| |
|--|
| <p>APPLICATION FOR IMPORTATION OF POULTRY AND EXPORTATION OF LIVESTOCK INTO NAMIBIA (ACT 25 OF 1977)</p> |
|--|

Note: This form should be filled in accurately and completed by importer / exporter
 Illegible or incomplete forms may be rejected.

1. Name of Importer / Exporter: _____
2. Address & Tel: _____
3. Expected date of Import / Export _____
4. Entry / Exit point _____
5. Export Particulars (attach separate list for additional animals)

| | |
|--------------------------|-------|
| Breed | _____ |
| Registry No | _____ |
| Sex | _____ |
| Country of Import/Export | _____ |
| Quantity | _____ |

6. Registered name of (Farm / Hatchery) _____
7. Magisterial District _____
8. Name of applicant / Agent _____
(If different from item 1)
9. Purpose of importation and exportation _____

Payment: Correct fee must accompany each application.

Signature of applicant: _____ **Date:** _____

B. PARTICULARS

1. Surname and initials of the applicant/or the name of the company:

2. If the applicant is an immigrant, supply details:

3. Registered name of farm:

4. Magisterial district:

5. Complete postal address:

6. Fax: (Code and Number):

7. Telephone (Code and Number):

8. Membership number with Breeder's Society:

9. Prefix:

10. Number of recorded or registered male and female animals of the same breed already owned by the applicant:

FEMALE

MALE

11. Purpose of importation (give reasons and motivation):

12. Expected date of importation:

13. Approved clearing agent:

14. Animal(s) for which application is made:

Breed: _____

| Full Registered Name of Animal(s) | Registration Number | Gen |
|-----------------------------------|---------------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

15. Country of Origin: _____

16. Full address from which imports will be sent: _____

17. Port of entry: _____

C. DECLARATION BY APPLICANT

I, the undersigned, hereby declare that the animal(s) to be imported:

- a) to the best of my knowledge, complies with the prescribed minimum import requirements of the breeder's society and this not be case the transaction will be cancelled; and that is
- b) application shall be made for the recording/registration of the animal(s) with the Namibian Stud Book Association within 3 (three) months of arrival in the country;
- c) and negotiations to buy the animal(s) from the foreign signer are already under way; and
- d) all veterinary and currency exchange requirements will be strictly adhered to; and
- e) to the best of my knowledge the particulars given in this application are true and correct.

SIGNATURE

DATE

INITIALS AND SURNAME (Print)

CAPACITY



Elizabeth / Suzette
Tel: 00264-61-276592
Fax: 00264-61-303151

MINISTRY OF AGRICULTURE, WATER AND RURAL DEVELOPMENT

APPLICATION FOR VETERINARY IMPORT PERMIT FOR ANIMALS/ANIMAL PRODUCTS INTO NAMIBIA (ACT 13, 1956)

IMPORTANT NOTICE:

- Applications for permits must be made well in advance – not less than 3 days before it is required (30 days in case of animals or birds requiring quarantine on arrival in Namibia)**
- Please complete this form in BLOCK LETTERS and in full, prior to the return thereof. Incomplete forms will only lead to delays.
- Import permits are valid for a limited period and for one consignment only.
- Imports may not be authorised telephonically or telegraphically.
- After completion, return to: Director of Veterinary Services, Private Bag 12022, Windhoek Namibia. (Fax: + 264 – 208 7779)
- Processed permits will be posted to the address given unless other instructions are given.

A. PERSONAL DETAILS:

| | |
|--------------------------------|--|
| 1. Name | |
| 2. Postal address | |
| 3. Telephone number in Namibia | |

B. IMPORT DETAILS:

| | | | |
|--|--|------------------|--|
| 1. The number and species of animals/quantity, weight and nature of infectious things sought to be imported. | | | |
| | | | |
| 2. Country of origin | | Province | |
| 3. Name and number of farm/Establishment of origin* | | | |
| 4. Livestock Improvement/Meat Board Permit No.* | | | |
| 5. Port, airport or place from which animals/products will be loaded | | | |
| 6. Port of entry into Namibia | | Inspection Point | |
| 7. Nature of conveyance | | | |
| 8. Purpose for which the animals/products are to be imported | | | |
| 9. Full address of immediate destination in Namibia after off-loading | | | |
| | | | |
| 10. Date of embarkation | | | |

*Where applicable

 Signature of applicant

Date _____

Date received: _____

Date processed _____