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| CoA Agric3 | DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIESDIRECTORATE ANIMAL HEALTH |
| **REGISTRATION FORM – LIVE CHICKEN SALE – LIVE CHICKEN TRADERS** |
| DIRECTORATE: | ANIMAL HEALTH |

**Trader Details**

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| Name of the Trader/Company |  |
| Registration Number of Company(If applicable) |  |
| ID Number/Passport Number of trader |  |
| Address of trader/company |  |
| Phone  | Work | Mobile | Alternative |
| Areas of Operation(Where do you sell your stock/cull chickens) | Town (Nearest Town) | Province |
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***Note: Kindly forward the completed forms and any other information required in respect of this registration to*** ***info@pdma.co.za*** ***alternatively*** ***malesedi@sapoultry.co.za******. For enquiries contact Malesedi on 012 529 8298.***

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I hereby acknowledge that the sale of live chickens is subject to a health declaration. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with the Poultry Disease Management Agency.

Signed by: ……………………………………….. Date:…………………………………………………….