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| CoA Agric3 | DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES  DIRECTORATE ANIMAL HEALTH |
| **MONTHLY SALES RECONCILIATION FORM – LIVE CHICKEN SALE – LIVE CHICKEN TRADERS** |
| DIRECTORATE: | ANIMAL HEALTH |

**Monthly Reconciliation Details**

**Month……………………………..Year……………………………..**

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| --- | --- | --- | --- |
| Name of the Trader/Company |  |  | |
| Registration Number of Company(If applicable) |  |  | |
| ID Number/Passport Number of trader |  |  | |
| Number of chickens purchased for the month |  |  | |
| Number of chickens sold for the month |  |  | |
| Number of chickens unsold |  |  | |
| Did any of the chickens die? How many? If so describe the signs of illness seen. |  |  | |
| Purchase | Number of birds sold/distributed | Distribution | |
| Town (Nearest Town) | Province |
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***Note: This form must be filled in by traders of live birds and submitted on a monthly basis to the depot or farmer. The farmer/depot is requested to forward the completed forms and any other information required in respect of this registration to*** [***info@pdma.co.za***](mailto:info@pdma.co.za) ***alternatively*** [***malesedi@sapoultry.co.za***](mailto:malesedi@sapoultry.co.za)***. For enquiries contact Malesedi on 012 529 8298. Note chickens should not be issued if this form is outstanding. If the trader buys from more than one depot/farmer they should contact the enquiries number for a proof or receipt.***

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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:…………………………………………………….