

Veterinary Services

Export control

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Movement

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| **MOVEMENT PERMIT FOR HEAT TREATED MEAT FAROM THE WESTERN CAPE TO WIHTIN SOUTH AFRICA INTENDED FOR EXPORT TO MOZAMBIQUE** |
| **RESPONSIBLE VETERINARY ADMINISTRATION:** | **Department of Agriculture Forestry and Fisheries, Private Bag X 138, Pretoria, 0001** |
| **ISSUING VETERINARY AUTHORITY:** | **Western Cape Department Agriculture, Private Bag X1, Elsenburg,7607** |
| **REFERENCE NUMBER:** |  |
| **A.** | **DESCRIPTION** |  |
|  | **1.** | **Identification of Products:** |  |
|  |  |  |  |
| **Product Description** | **Species** | **Type packaging** | **Quantity** | **Batch Codes** | **Net Weight (Kg)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL WEIGHT** |  |
|  | **2.** | **Origin of Products:** |  |  |
|  |  | i. | Name and Address of Consignor (RSA): |  |
|  |  | ii. | Name, approval number and address of abattoir or abattoirs1 |  |
|  |  | iii. | Name, ZA number and address of cutting plant or cutting plants1 |  |
|  |  | iv. | Name, ZA number and address of cold store or cold stores1 |  |
|  |  | v. | Name, approval number and address of processing facility or facilities1 |  |
|  |  | vii. | Name, ZA number and address of place of loading |  |
|  | **3.** | **Destination of Products:** |  |
|  |  | i. | Name and address of Consignee: |  |
|  | **4.** | **Means of Transport:** |  |
| **B.** | **HEALTH ATTESTATION** |  |
|  | The undersigned veterinarian certifies that the products described in section A above comply with the following:1. Originate from the Republic of South Africa and emanate from a facility approved for export by the South African Veterinary Authority.
2. Originate from animals which have been slaughtered in an approved abattoir and have been subjected to both ante mortem and post mortem inspections in particular for Rift valley fever with negative results and the animals were fully eviscerated and the carcasses submitted to maturation temperature of above +2 °C for a minimum period of 24hrs following slaughter.
3. The products underwent a heat treatment of at least 20°C to 85°C inner core temperature for at least 30minutes.
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|  |  |  |  |
|  |  |  | Stamp: |
|  | Signature of Official Veterinarian |  |
|  | Name in print:  |  |  |
|  | Designation: | **STATE VETERINARIAN** |  |
|  | \*1 Delete as appropriate |  |