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| **CERTIFICATE FOR INTENDED FOR EXPORT OF IMPORTED DAIRY TO MALAWI** |
| **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 |
| **PROVINCIAL REFERENCE NUMBER:** |  |
| **Import permit number** |  | **Import permit date issued** |  |
| **A.** | **DESCRIPTION** |  |
|  | **1.** | **Identification of Products:** |  |
|  |  |  |  |
| **Product Description** | **Type packaging** | **Quantity** | **Batch Codes** | **Net Weight (Kg)** | **Species** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL WEIGHT** |  |  |  |  |  |
|  | **2.** | **Origin of Products:** |  |  |
|  |  | i. | Name and Address of Consignor (RSA): |  |
|  |  | ii. | Name, ZA number and address of cutting plant or cutting plants1 |  |
|  |  | iii. | Name, ZA number and address of cold store or cold stores1 |  |
|  |  | iv. | Name, registration (ZA) number and address of processing facility or facilities1 |  |
|  |  | v. | Name, ZA number and address of place of loading |  |
|  | **3.** | **Destination of Products:** |  |
|  |  | i. | Name and address of Consignee: |  |
|  | **4.** | **Means of Transport:** | Road |
| **B.** | **HEALTH ATTESTATION** |  |
|  | The undersigned official veterinarian certifies that the products described in section A above comply with the following:1. The product is manufactured from local or legally imported raw materials originating from Foot and Mouth Disease free zone/ areas not under official veterinary restrictions for other infections or contagious diseases to which he species in the raw materials are susceptible
2. The product is processed under the following conditions:
	1. If the milk has a pH less than 7.0, Or
	2. A sterilisation process applying a minimum temperature of 72°C for at least 15 seconds (high temperature – short time pasteurisation [HTST]) Or
3. The product is processed in registered and licensed Dairy factories which are subjected to regular inspection by qualified state veterinarian.
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|  |  |  |  |
|  |  |  | Stamp: |
|  | Signature of Official Veterinarian |  |
|  | Name in print:  |  |  |
|  | Designation: | **STATE VETERINARIAN** |  |
|  | \*1 delete as appropriate |  |