## Application for inspection

**Official use only**

Ref. number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consignment to be inspected: Yes/ No

Official assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVPHO /Vet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Date and time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Loading and off-loading notification sheet)

**Section A** (To be completed by the person responsible for the consignment)

|  |  |
| --- | --- |
| Date of application |  |
| Name of consignor (Product sender) |  | Physical address of consignor |  |
| Contact person at Consignor |  | Contact person at Consignor’s telephone number (office AND cell phone) |  |
| Name of Consignee (Product Receiver) |  | Physical address of Consignee(Where the product is going to) |  |
| Contact person at Consignee |  | Contact person at Consignee’s telephone number (office AND cell phone) |  |
| Name and approval no. of export approved facility (Place of inspection /Inspection facility) |  | Address of export approved facility (Inspection facility) |  |
| Proposed date of loading/ off-loading |  | Country or province (if in RSA) of Origin |  |
| Proposed Time of loading/ off-loading |  | Country or province (if in RSA) of Destination |  |
| Duration time of loading/ off-loading (hours) |  |

Description summery of product:

| Factory of origin (ZA number and Name) | Species | Tariff Code (HS code) | Product description | Quantity / mass / volume | Unit of measure (ISO units only) |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please circle the appropriate and complete were appropriate:

|  |  |
| --- | --- |
| Loading | Off-loading |
| Movement within Western Cape | Movement out of Western Cape | Export |
| Truck | Ship (Container) | Flight |
| Document reference for transport (Bill of loading number) |  |
| Container/ Vehicle/Trailer registration number |  |
| Are you sharing this transport with another company? | Yes  | No |
| **If yes:** please indicate who the other company is and please note that If this is shared transport the other companies must apply with a Movement notification as well if they want to export the product later |  |
| Have you attached a packing list to this application? **It is compulsory to attach a packing list to this application. (Batch codes, expire dates, production establishment etc.)** | Yes | No |

I, ………………………………………….., hereby declare that the products mentioned in the signed attached packing list were inspected by me and were found to be in a mercantile condition at the time of inspection. I understand that an inspector may not be available at my proposed date and time.

**Signature\* and date of exporter:**

\* Please note that digital signatures are acceptable

\* Please note maximum loading time per loading is 2½ hours there after a surcharge of R1316 per hour or part thereof will be added. The inspector may leave the premises, if loading did not take place within indicated time.

**Section B** (To be completed by Veterinary official)

Container/ Vehicle/Trailer registration number:

Seal Number:

Product description:

Species: Mass: kg

Have you checked and signed the packing list? YES / NO

Place of loading:

Time of arrival: Time of departure: **Total time on site:** **h\_\_\_\_\_\_\_ minutes**

Other products (not reflected on the packing list) included in the consignment:

I, ………………………………………………………………., hereby declare that the products mentioned in the **endorsed packing list** with **inspection number:** …………………………. were loaded under my direct supervision and were found to be in a mercantile condition at the time of inspection.

Date: Signature of Inspector:

If the product is imported has the consignment been released? YES / NO

Any comments regarding this consignment:

**Section C** (Final loading/off-loading of the product)

|  |  |
| --- | --- |
| Was the product Loaded / Off-loaded as stipulated above after this application for inspection document was submitted? | Yes/No |
| Product temperatures |  |
| If yes please indicate whether the consignment was loaded/off-loaded in clean vehicles/containers suitable for the product. |  |
| If no please state the reason why the product was not loaded / Off-loaded |  |

In terms of Section (3)(2)(b)(iii)-(v) of The Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000) you have the right to request reasons for any decision(s) made by a government official, that affects you. You also have the right to appeal the outcome of such decisions. All appeals in relation to export related decisions must be forwarded to the Deputy Director: Export Control at Vetexports@elsenburg.com

|  |
| --- |
| REQUEST FOR SERVICES: VETERINARY SERVICES |
| DEBTOR INFORMATION (ALL FIELDS MUST BE COMPLETED) |
| Surname/ Firm: |   | Initials: |   |
| ID Number owner: |   | Utility bill Attached: |
| Company Registration number: |   | o |
| Postal address : |   |
|   |   |   | Code: |   |
| Magisterial District: |   |
| Telephone code: |   | Telephone number:- |   |
| Cell phone: |   | E-mail Address: |   |
| Fax Code: |   | Fax Number: |   |
| SERVICES RENDERED |
| Type of Service | Details | Fee (Rand) |
| Kilometer fees/km | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_km @ R6 per kilometer |   |
| Clinical Services |  |   |   |
| Inspection servi  | \_\_\_\_\_H\_\_\_\_\_Min @ R480 per Hour (weekdays from 08:00 to 16:30) |   |   |
| Export Certification | \_\_\_\_\_\_\_\_\_\_\_\_@R200 per permit |   |
| SV Ref No`s  |   |   |   |
| Time spent | Arrival | To |  Departure  |  |   |
|  | Arrival | To |  Departure  |  |  |
|  | Arrival | To |  Departure  |  |  |
| Other services |   |   |
| Customer order number |   |   |
| Above mentioned services are requested by me and I am awaiting an invoice for payment |   |
|  I also declare that I am responsible for the payment/ I am authorized to request this service on behalf of the institution |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Customer Name and signature |  |  |  |
|   |   |   |   |   |   |   |   |   |   |
| Departmental Official: …………………………………………. |   |   |   |  |
|  |  |  |  |  |  |   |  |   |  |
| Signature: ………………………………………………………… |   |  |   |  |
|  |  |  |  |  |  | Date stamp |  |
| Date: ..…………………………………………………………….. |  |
|  |  |  |  |  |  |   |  |   |  |
| Notes: |  |  |  |  |  |   |  |   |  |
|  |  |  |  |  |  |   |   |   |  |
|  To confirm the residential address of the debtor an utility bill must accompany this application form. |
|  In the event where the Client/Company do not supply us with a copy of his/her identification/company registration certificate the department official must check and verify that the above mentioned details is correct and true. Above signature will serve as confirmation in this regard. |