



**Directorate Animal Health: (Permit Office)**

Private Bag X138, Pretoria, (Tshwane) 0001

Delpen Building, c/o Annie Botha & Union Street, Riviera, 0084

**Enquiries:** Ms Ina Labuschagne, **Tel:** +27 12 319 7514/7632/7633/7503/7406/7414

**Fax:** +27 12 329 8292

**APPLICATION TO IMPORT/MOVE INTRANSIT HIDES, SKINS AND TROPHIES INTO/THROUGH THE REPUBLIC OF SOUTH AFRICA**

**IMPORTANT NOTICE**

1. Please complete this form fully, in **PRINT**, prior to the return thereof.
2. Import permits are valid for a limited period and one consignment only.
3. Imports may only be authorised in writing by issuing a veterinary import permit.
4. Application for a permit must be made at least four weeks prior to introduction.
5. Applicants are advised to phone the permit office if the permit has not been received two weeks after the application was submitted.
6. It is the responsibility of the importer to read and comply with the conditions on the veterinary import permit
7. After completion, return to: Director of Animal Health, Private Bag X138, Pretoria, 0001 or **FAX: +27 12 329-8292 / +27 319 7644**
8. Original veterinary certificates must be made available at the port of entry and need not accompany this application, unless it is specifically requested.

**A. IF APPLICATION IS MADE BY AN AGENT <sup>(1)</sup> ON BEHALF OF AN IMPORTER <sup>(2)</sup>, PLEASE PROVIDE:**

<b>1. Full names of importer <sup>2</sup></b>	
<b>2. Registration number (if applicable)</b>	
<b>3. Address of importer</b>	
<b>4. Attach proof in the form of a signed letter (on the importer's letterhead where applicable) stating:</b>	
<b>a). That you are authorised to apply on behalf of that importer AND</b>	
<b>b). That the importer agrees to be bound to all the terms and conditions of this application as well as</b>	
<b>any permission, permit or authorisation issued as a result thereof.</b>	
<b>NO APPLICATION WILL BE CONSIDERED WITHOUT SUCH CONFIRMATION BEING ATTACHED</b>	

<sup>1</sup> "**agent**" means any person/ entity acting on behalf of the importer.

<sup>2</sup> "**importer**" (for purpose of this application) means any natural person or legal entity other than the person filling in the form who intends to bring live animals or animal products into South Africa from abroad.

**B. IMPORTER'S DETAILS**

1. Full name of importer / company name			
2. Address of importer			
3. Tel nr		6. Fax nr:	
5. E-mail			
7. Custom Code:			

**C. IMPORT DETAILS**

1. Description of consignment (please complete attached table on the last page)		
2. Country of origin		
3. Address loaded from (containerized)		
4. Consignor		
5. The port, airport or place from which the product will be loaded onto ship/aircraft/vehicle:	..... direct/via .....	
6. The port of entry (harbour, airport, border post) in the Republic through which the product will be imported:	..... direct/via .....	
7. Consignee		
8. Full address of immediate destination in the Republic after off-loading:		
9. Provincial state veterinary office closest to the final destination in point 8 above (Town/City)		
(Name of state veterinarian or his/her representative)		
10. The purpose for which the hides and skins are to be imported:		
11. The date of embarkation of the hides and skins for the Republic – month and year		
12. Port of exit from RSA when intransit		
13. Final destination in case of intransit movement		
14. Anticipated date of dispatch of hides and skins from the country of origin to the RSA		

**D. INTRANSIT CONSIGNMENTS**

<b>1. Port of exit from RSA when intransit</b>	
<b>2. Final destination in case of intransit movement</b>	
<b>3. Country to which products will be going PENDING IMMEDIATE RE-EXPORT</b>	
<b>NO APPLICATION FOR INTRANSIT CONSIGNMENTS WILL BE CONSIDERED WITHOUT ATTACHED COPIES OF (1) FLIGHT/VESSEL/VEHICLE DETAILS <u>TO</u> RSA; (2) FLIGHT/VESSEL/VEHICLE DETAILS <u>FROM</u> RSA TO FINAL DESTINATION; AND (3) A COPY OF THE VETERINARY IMPORT PERMIT FROM THE FINAL COUNTRY OF DESTINATION WHERE APPLICABLE.</b>	

**NB: No refunds will be given, if permits are not collected**

By attesting my signature hereto, I –

- a. acknowledge that I have read and understand the provisions of the Animal Diseases Act,1984 (Act 35 of 1984) and the Meat Safety Act (Act 40 of 2000) where applicable and any regulations promulgated thereunder, as far as it relates to this application and anything contemplated herein\*;
- b. declare that what I have stated or provided in this application is correct at the time the application is made;
- c. understand that any false or misleading information provided may lead to my prosecution and/or other legal action taken against me;
- d. realise that if in the opinion of the Department I am willfully providing false or misleading information this may be taken into consideration when considering future applications.
- e. The permit is not transferable and cannot be used by any other importer except the importer specified on the permit.

\_\_\_\_\_  
Full Names as per ID document

\_\_\_\_\_  
ID number

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**A. FOR OFFICE USE ONLY**

Facilities are available to receive the above consignment at:

.....  
(Name of Tannery, Taxidermy, Abattoir etc.)

Official  
Stamp

.....  
Signature

.....  
Date

Please return all forms to the Quarantine Master concerned, at the Government Quarantine Station at-Docks, Private bag x2, Chempet, 7442 or, P.O. Box 38091, Point, 4069 or P.O. Box 208, Kempton Park.

**DO YOU WANT THE PERMITS TO BE:**

COLLECTED - Personal

COLLECTED - Courier (Importer to make arrangements)

POSTED

\* For a copy of the Animal Diseases Act, 1984 (Act 35 of 1984) visit:

<http://www.daff.gov.za/> → Divisions → Food and Veterinary Services → Import/Export →

Legislation → Animal Diseases Act (with all amendments) → The Animal Diseases Act (Act 35 of 1984) (6MB)

Please refer to the information document on the importing animals and animal products into the RSA for details on the permit fee.

❖ **Banking details:**

**NAME OF BANK:**

STANDARD BANK OF SOUTH AFRICA

**ACCOUNT HOLDER**

NATIONAL DEPARTMENT OF AGRICULTURE

**ACCOUNT NUMBER**

011219556

**BRANCH CODE**

010845

**BRANCH NAME**

ARCADIA

IB BRAND 0001982 CENTRE CODE

Swift Code SBZA-ZAJJ

