

ANNEXURE C
DEPARTMENT OF AGRICULTURE
CONFIDENTIAL

FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND
STOCK REMEDIES ACT, 1947
Registrar: Act 36 of 1947
Agriculture Place, 20 Beatrix Street, Pretoria
Private Bag X343, Pretoria, 0001

APPLICATION FOR REGISTRATION OF A FERTILISER

TO BE COMPLETED IN DUPLICATE

1. Applicant

1.1 Name of applicant: _____

1.2 Registration number of company: _____

2. Address of applicant

2.1 Postal address: _____

2.2 Postal code: _____

2.3 Street address: _____

2.4 Dialling code: _____

Telephone number: _____

Fax number: _____

E-mail: _____

2.5	Indicate the following: Is the applicant the	Importer:
		Manufacturer:
		Seller:

3. Manufacture and formulation

3.1 Name of manufacturer: _____

3.2 Postal address: _____

3.3 Postal code: _____

3.4 Physical address (Street address): _____

3.5 Dialling code: _____

Telephone number: _____

Fax number: _____

E-mail: _____

(if more than one manufacturing point for this product, indicate this on a separate annexure.)

3.6 Sterilizing plant (Where applicable): _____

Registration number: _____

3.7 Initials and surname(s) of person(s) responsible for formulations: _____

3.8 Qualifications: _____

3.9 Professional registration number: _____

4. **Particulars of product**

4.1 Trade mark (acknowledged or registered in terms of the Trade Marks Act (Act 62 of 1963) (if any)): _____

4.2 Trade Name: _____

4.3 How will the product be sold:

Bulk	:
Containers	:

4.4 Type and size of container

Polyprop Bag	:
Plastic Bag	:
Drum	:
Glass Bottle	:
Plastic Bottle	:
Other (specify)	:

4.5 Registration number if previously registered: _____

6. Directions for use: All packaging, less than 20 kg or 20 litres:

7. Additional wording requested for use on label (if any):

8. Claims for products other than fertilizer:

9. Additional information attached in support of application:

DECLARATION

I hereby certify that the information furnished in this application is to the best of my knowledge true, correct and complete.

INITIALS AND SURNAME

SIGNATURE: _____

CAPACITY

DATE: _____

(Any person who in any application makes any statement which is false in any material respect, knowing it to be false, or fails to disclose any information with intent to deceive, shall be guilty of an offence.)

FOR OFFICE USE ONLY

The Registrar (Act 36 of 1947)

The registration is recommended

☐

*Not recommended

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Technical Adviser

Date

*Any reason for not recommending an application for registration or any conditions that should be imposed on the registration must be attached in the form of a minute.

TECHNICAL

ADVISER'S

COMMENTS:

