



agriculture, forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

DIRECTORATE FOOD IMPORT AND EXPORT STANDARDS

Private Bag X138, Pretoria 0001

Delpen Building, c/o Annie Botha and Union Streets, Riviera 0084

Enquiries: Tel: +011 27 (12) 319-7514/7632/7633/7503/7500/7406/7461/7510

Fax: +011 27 (12) 329-8292/319-7644

Email: VetPermits@daff.gov.za

APPLICATION TO IMPORT CATS AND DOGS INTO THE RSA (SUBJECTED TO QUARANTINE)

IMPORTANT NOTICE

1. Please complete the application 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 authorized in writing by issuing a veterinary import permit.
4. Application for a permit must be made at least four (4) 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 the form to:

Director of Animal Health

Private Bag X138
Pretoria 0001

or Fax to: +011 27 12 329-8292 or +011 27 12 319-7644

or Email to: VetPermits@daff.gov.za

8. Original veterinary certificates must be made available at port of entry only and need not accompany this application, unless it is specifically requested.
9. **In the case of CITES species, certified copies of the CITES permit(s) must accompany the application.**
10. **Proof of payment** must accompany the application.

Please note that no Veterinary Import Permit will be issued without the correct and complete information being provided as requested.

A. IF APPLICATION IS MADE BY AN AGENT¹ ON BEHALF OF AN IMPORTER², PLEASE PROVIDE:

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

B. PERSONAL DETAILS

1. Name and surname			
2. Postal address			
3. Telephone number		4. Fax	
5. Email			
6. Cellphone number			
7. Customs code			

C. IMPORT DETAILS

1. The number of and/or species and/or of animals to be imported (please provide both scientific names and common names of animals)	
2. The country and part of the country of origin	
3. The port, airport or place from which the animal will be loaded	
4. The port, airport or place in the Republic through which the animal will be imported	
5. Purpose for which the animal is to be imported	
6. Full address of immediate destination in the Republic after off-loading	
7. Full address of the final destination in the Republic of South Africa	

¹ "agent" means any person/entity acting on behalf of the importer

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

8. The date of embarkation of the animals for the Republic – month and year	
9. Port of exit from RSA when in transit	
10. Final destination in case of in transit movement	
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.	

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

By attesting my signature hereto, I –

- a. acknowledge that I am conversant with the provisions of the Animal Diseases Act, 1984 (Act 35 of 1984), and any regulations promulgated there-under, 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

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/> → Branches → Agricultural Production, Health & Food Safety → Animal Health → 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 importing animals and animal products into the RSA for details on the permit fee.

PLEASE NOTE THAT AS OF 1 JANUARY 2010 THE QUARANTINE STATIONS WILL NO LONGER BE TAKING CASH. PLEASE DEPOSIT THE MONEY INTO THE FOLLOWING BANK ACCOUNTS:

KEMPTON QUARANTINE:

Bank : Standard Bank
Branch : Arcadia
Branch code : 010845
Account name : NDA: VS Kempton Quarantine
Account number : 011216840

CAPE TOWN QUARANTINE

Name of Bank : STANDARD BANK OF SOUTH AFRICA
Name of Account Holder : NATIONAL DEPARTMENT OF AGRICULTURE
Account Number : 011219556
Branch : 010845
Name of Branch : ARCADIA
IMPORTANT NOTICE : Reference must be Importers Name and Surname

PROOF OF PAYMENT TO BE PRESENTED WHEN COLLECTING THE ANIMAL(S)

D. FOR OFFICE USE ONLY

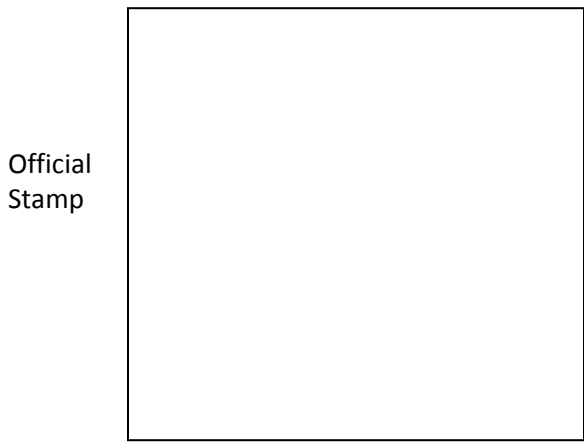
I. QUARANTINE ACCOMMODATION

The completed application form must be handed in at the Quarantine Master or State Veterinarian at the relevant Quarantine Station to complete the section below:

It is hereby confirmed that accommodation has been reserved at

Quarantine Station for

from to



Official Stamp

.....
Name

.....
Signature

.....
Date