

Form 3

MINISTRY OF AGRICULTURE, WATER AND FORESTRY
 Animal Health Act, 2011 (Act No. 1 of 2011)
 (Section 24, Regulation 4)

**LINKING OWNER OF PRESCRIBED ANIMALS TO PRESCRIBED
 ANIMAL AND REGISTERED ESTABLISHMENT**

IMPORTANT NOTES:

- (a) Please contact the office of the local Veterinary Official for guidance in completing this Form.
- (b) The Form should be submitted to the office of the local Veterinary Official.
- (c) Incomplete Form will not be accepted.
- (d) Please use **BLOCK LETTERS**.

A. APPLICANT DETAILS: **Owner** ☐ **Representative** ☐

1. Name			
2. ID/CC Registration Number			
3. Postal address			
4. Telephone No.	Fax No.	Cell. No.	
5. Email			

B. DETAILS OF PLACE TO BE REGISTERED AS REGISTERED ESTABLISHMENT:

1. Name				
2. Physical address				
3. GPS Coordinates	Latitude		Longitude	
4. Type (may tick more than one)	Resettlement farm	Commercial farm	Communal farm	Other(specify)

.....
Signature of the applicant

.....
Date

For official use

Approved/ Not Approved (delete what is not applicable)

Reference Number

.....
Name of Veterinary Official

.....
Rank

.....
Signature

.....
Date stamp