



MEAT BOARD

APPLICATION FOR REGISTRATION AS A PRODUCER OF/TRADER IN A CONTROLLED PRODUCT

YEAR



Form C

The Manager
Meat Board

☒ 38 WINDHOEK

I the undersigned (print) _____

Producer
Registration no.

* Tick whichever is applicable

do hereby apply for registration in terms of section 10(1)(L) of the Meat Industry Act, 1981 (Act 12 of 1981), as a producer of / trader in* the following controlled product(s):

*CATTLE

*SHEEP

*GOATS

*PIGS

*POULTRY

1. PARTICULARS OF APPLICANT

(a) Full name / Company name _____

(e) Cellphone _____

(b) Postal Address _____

(f) ID No. / Company Registration _____

(c) Telephone _____

(d) E-mail _____

(a) OWN PROPERTY, LEASING (e.g. Commercial Farms)

FARM NAME	No.	SIZE	CARRYING CAPACITY	DISTRICT / CONSTITUENCY	REGION
1.					
2.					
3.					
4.					
5.					

(b) OTHER (e.g. Resettlement, Village Communal Area)

NAME OF AREA	DISTRICT / CONSTITUENCY	REGION
1.		
2.		
3.		
4.		

When paragraph (b) is applicable, the following documents shall be submitted:

- (i) Certified copies of all documents in respect of which the applicant derives the said rights; or,
- (ii) when documents mentioned in (i) cannot be submitted, an affidavit by the applicant or his assignee setting out full particulars of such rights.

2. TYPE OF REGISTRATION REQUIRED

Livestock Producer

Agent / Speculator

Abattoir

Importer/Exporter/Processor/Retailer

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional Producers Numbers

1.	Type	2.	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. REGISTERED FAN MEAT No. (s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ANNUAL STATEMENT BY PRODUCERS OF A CONTROLLED PRODUCT

4. LIVESTOCK FOR THE PERIOD

4.1 CATTLE

4.1.1 BULLS.....
4.1.2 COWS.....
4.1.3 HEIFERS.....
4.1.4 CALVES.....
4.1.5 WEANERS.....
4.1.6 OXEN.....
4.1.7 STORES.....
TOTAL CATTLE.....

4.2 SHEEP

4.2.1 RAMS.....
4.2.2 BREEDING EWES.....
4.2.3 LAMS-UNWEANED.....
4.2.4 HAMELS.....
4.2.5 OTHER EWES.....
TOTAL SMALL STOCK.....

4.3 GOATS

4.3.1 RAMS.....
4.3.2 BREEDING EWES.....
4.3.3 LAMS-UNWEANED.....
4.3.4 HAMELS.....
4.3.5 OTHER EWES.....
TOTAL SMALL STOCK.....

4.4 PIGS

REMARKS

I, the undersigned declare that the information given in this statement is true and correct.

Date

SIGNATURE

ADDITIONS: ATTACH THE FOLLOWING

INDIVIDUAL - COPY OF IDENTIFICATION DOCUMENT

COMPANY - COPY OF COMPANY REGISTRATION DOCUMENTS AND COPY OF IDENTIFICATION DOCUMENT

PLEASE NOTE - PRODUCER NUMBER IS RENEWABLE EVERY 5 YEARS.

REGISTRATION OF AN ABATTOIR OR PROCESSING PLANT



Meat Board of Namibia

Particulars of owner

Name and Surname

ID/ passport number

Postal address

Physical address of owner

Phone number

Mobile number

Fax number

Email address

Abattoir / processing plant information:

Name of facility

O
O # y # # #
h o h

* Proof of registration required ** Copy of owner's ID required

Town / district

If not within boundaries of a municipality,
what is the nearest town?

Zoning (please mark the appropriate option)

business

residential

farming

Physical address (if different from owner's address)

Erf/ portion number

Farm name and number (where applicable)

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Livestock species slaughtered/ processed at the facility
(please mark where applicable)

cattle

sheep/ goats

pigs

game

Maximum daily capacities per species (complete where applicable)

Species	Slaughter	Deboning	Processing	Cooling/ freezing
Cattle				
Sheep and goats				
Pigs				
Game				

Class of abattoir (mark where appropriate):

A-class

B-class

C-class

To which market(s) is the meat produced at the abattoir/ processing plant sold:

Local private client(s)

Local business client(s) (retailers, hotels, lodges, restaurants, etc.)

Local public institutions (boarding schools, hospitals, prisons, etc.)

Export markets, please specify:

RSA

EU

Other countries (please state)

Kindly state any structural changes to the facility since original registration, such as upgrading or extension, if applicable: _____

Questions/ comments:

Declaration:

I (full name), _____, the undersigned, hereby declare that the information provided is true and correct.

@

U

V

V

Q@O

Signed at _____ on this ____ day of _____ 20____

Signature

Please attach

Ministry of Health and Social Services for the abattoir / processing plant.