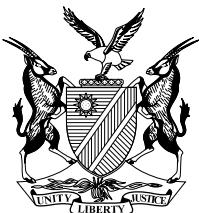


## Annexure 5



**REPUBLIC OF NAMIBIA**  
**MINISTRY OF AGRICULTURE, WATER AND FORESTRY**

**APPLICATION FOR DEALING IN ANIMAL VACCINES**

(Issued in terms of the Animal Health Act, 2011, Section 32(1)(f), Regulation 10)

**Particulars of Applicant**

Name of Applicant (Dealer): \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Particulars of the Supplier or Manufacturer**

Name of Supplier: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Namibia Medicines Regulatory Council manufacturing site approval certificate/permit number (if present in Namibia): \_\_\_\_\_  
(Attach certified copy)

Manufacturing site approval certificate/permit from the Medicines Regulation Authority of the country of origin (if not present in Namibia): \_\_\_\_\_ (Attach certified copy)

**Particulars of the Vaccine(s)**

**NB: PLEASE ATTACH THE LIST OF VACCINES TO BE DISTRIBUTED WITH PROOF OF THEIR REGISTRATION BY THE NAMIBIA MEDICINES REGULATORY COUNCIL. INCLUDE COPIES OF IMPORT PERMITS OF VACCINES TO BE IMPORTED.**

Nature of dealing to be conducted with the vaccines:

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Physical Address of where the Vaccines will be stored:

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Namibia Medicines Regulatory Council approval certificate/permit number (if present in Namibia):

(Attach certified copy)

*The undersigned hereby declares that all the information herein, and in the PARTS hereto, are correct and true and are relevant to this/these particular vaccine(s)*

Signature of responsible person

Date of application

Name of responsible person

Designation

**Official use only**

Date: \_\_\_\_\_

Reference Number: \_\_\_\_\_

Approved/ Not Approved (cancel inapplicable)

Further Recommendations:

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Name of Approving Officer: \_\_\_\_\_

Designation of Approving Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Official Stamp