

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:

Physical Address of where the Vaccines will be stored:

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:

Name of Approving Officer: _____

Designation of Approving Officer: _____

Signature: _____

Official Stamp