



DEPARTMENT OF HEALTH
Private Bag X828 PRETORIA 0001
 Inquiries: Mr JR Mokonoto Tel.: (012) 312-0395 Fax: (012) 312-0287

APPLICATION FOR AN IMPORT PERMIT FOR BIOLOGICAL SUBSTANCES

Person applying for an import permit:

NAME	
RANK/POSITION	

Organisation:

NAME			
ADDRESS	-----		

TEL. NO.		FAX. NO.	

Specific substance(s) for which an import permit is required:

SUBSTANCE	QUANTITY
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Period during which import will take place	

Contact person and organisation supplying the substance(s):

NAME: PERSON			
NAME: ORGANISATION			
ADDRESS	-----		

TEL. NO.		FAX. NO.	

Purpose(s) for which substance(s) is(are) to be used. Although detail is not required, the specific purpose(s) must be clearly stated:

SIGNATURE **OF**
APPLICANT:.....DATE:.....