



**DEPARTMENT OF HEALTH**  
**Private Bag X828 PRETORIA 0001**  
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## APPLICATION FOR AN IMPORT PERMIT FOR HUMAN TISSUES

Person applying for an import permit:

<b>NAME</b>	
<b>RANK/POSITION</b>	

Organisation:

<b>NAME</b>			
<b>ADDRESS</b>	-----		
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<b>TEL. NO.</b>		<b>FAX. NO.</b>	

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

HUMAN TISSUE(S)	QUANTITY
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Period during which import will take place	

Contact person and organisation supplying the tissue(s):

<b>NAME: PERSON</b>			
<b>NAME: ORGANISATION</b>			
<b>ADDRESS</b>	-----		
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<b>TEL. NO.</b>		<b>FAX. NO.</b>	

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

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