



DEPARTMENT OF HEALTH
Private Bag X828 PRETORIA 0001

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**APPLICATION FOR AN EXPORT PERMIT FOR
HUMAN TISSUES**

Person applying for an export permit:

NAME	
RANK/POSITION	

Organisation:

NAME			
ADDRESS	-----		

TEL. NO.		FAX. NO.	

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

HUMAN TISSUE/S	QUANTITY
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Period during which export will take place	

Contact person and organisation to which the tissue(s) is(are) exported:

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

TEL. NO.		FAX. NO.	

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

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