

Application for inspection of imported regulated agricultural products at port of entry in terms of the aricultural product standards act, no. 119 Of 1990  
Government notice no. 1269 Of 4 october 2019



| Inspection details   |        |  |        |  |            |
|--|--------|--|--------|--|------------|
| Airway bill / Bill of entry number:                                    |        |  |        |  |            |
| Name of Port of entry:   |        |  |        |  |            |
| Class or grade of product:   |        |  |        |  |            |
| Weight or mass of consignment:   |        |  |        |  |            |
| Number of containers/packages and type:                                |        |  |        |  |            |
| Product intended for:  | Retail |  | Market |  | Re-packing |
| Mode of transport:   |        |  |        |  |            |
| Country(tries) of origin:  |        |  |        |  |            |
| Product/s description:   |        |  |        |  |            |
| Quantities to be inspected:  |        |  |        |  |            |
| Date consignment will be available for inspection:                     |        |  |        |  |            |
| Other relevant information with regard to the consignment:             |        |  |        |  |            |
| Booking agent details (Forwarding agent; Release agent; Importer; etc) |        |  |        |  |            |
| Contact name:  |        |  |        |  |            |
| Phone number:  |        |  |        |  |            |
| Address:   |        |  |        |  |            |
| Email:   |        |  |        |  |            |
| Details of party responsible for payment:                              |        |  |        |  |            |
| Reference Number:  |        |  |        |  |            |
| Company name:  |        |  |        |  |            |
| Contact person at company:   |        |  |        |  |            |
| Phone number:  |        |  |        |  |            |
| Name of premisses:   |        |  |        |  |            |
| Address:   |        |  |        |  |            |
| VAT No:  |        |  |        |  |            |
| Person handling accounts:  |        |  |        |  |            |
| Email address:   |        |  |        |  |            |
| Onsite inspection location details (if different to above)             |        |  |        |  |            |
| Contact name:  |        |  |        |  |            |
| Phone number:  |        |  |        |  |            |
| Name of premisses with physical address                                |        |  |        |  |            |
| Comments   |        |  |        |  |            |
| Eg: Quality inspection   |        |  |        |  |            |

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

| FOR OFFICE USE ONLY                       |  |
|---|--|
| Application number                        |  |
| Harbour/Port/Region to conduct inspection |  |