

**REPUBLIC OF SOUTH AFRICA**

**DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT**

**FORM B**

**CANCELLATION OF AGRICULTURAL REMEDIES**

(To be submitted in duplicate)

Please note that the original certificate(s) of registration must be attached before the registration(s) can be cancelled. If the certificate has been mislaid, an affidavit to this effect must be submitted.

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| Name of applicant (company name): |  |

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| Registration number (L number) | Registered tradename of agricultural remedy |
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| Name (please print) |  | Capacity |
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| Signature |  | Date |

**FOR OFFICIAL USE ONLY**

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| Checked |  | Date |