

Directorate Food Safety and Quality Assurance

Private Bag X343, Pretoria, 0001 ●Tel: 012 319 6020 ● Fax 012 319 6265

**APPLICATION FOR PERMISSION TO DEVIATE FROM THE SET REGULATIONS REGARDING CONTROL OVER THE SALE OF LOCAL AND IMPORTED ANIMAL (EXCLUDING RED MEAT) AND PROCESSED PRODUCTS (DISPENSATION)**

1. All sections but 4 and 7 are compulsory and must be completed legibly in detached letters. 2. An application for dispensation can only be made after an inspection was carried out by the Directorate: Inspection Services and the consignment rejected. 3. **NB:** Kindly ensure that all relevant documents and information required accompany the application – Please refer to checklist on page 2.

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| 1. Company Name |  | | | | | | | | | | | | | |
| 2. Applicant’s Name |  | | | | | | 3. Designation | | |  | | | | |
| 4. Company Physical Address |  | | | | | | | | | | | | | |
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|  | | | | 5. Applicant’s e-mail address | | | |  | | | | | |
| 6. Office Telephone No. |  | | | | | | | | | | | | | |
| 7. Applicant’s Cell No. |  | | | | | | | | | | | | | |
| 8. Office Fax number |  | | | | | | | | | | | | | |
| 9. Product type |  | | | | | | | | | | | | | |
| 10. Product name /Class designation(s) |  | | | | | | | | | | | | | |
| 11. Grade  (please tick √) | Grade 1 |  | Grade 2 |  | | Grade 3 | |  | |  |  |  |  |  |
| Extra Choice Grade/  Fancy Grade |  | Choice  Grade |  | | Standard  Grade | |  | | Sub Std  Grade |  | Manufacturers/  Industrial Grade |  |  |
| 12. Motivation & Action Plan | **Client/Applicant must attach —**   1. **A written motivation why dispensation should be considered; and**   **(b) An action plan indicating the time lines and what steps will be taken to correct the current shortcomings before the proposed termination date in section 14.** | | | | | | | | | | | | | |
| 13. No. of cartons/ pallets/labels |  | | | | | | | | | | | | | |
| 14. Proposed termination date (Max 1 year) |  | | | | | | | | | | | | | |
| 15. Dispensation required  (Regional or National) |  | | | | | | | | | | | | | |
| 16. Names of retail outlets, restaurants, coffee shops, etc. where product will be sold |  | | | | | | | | | | | | | |

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Signature – Applicant Date

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| 17. Inspector’s name & region |  | 17. Inspector’s Contact No. |  |
| **\***18. **Recommendation(s) by inspector** |  | | |

**FOR OFFICE USE ONLY**

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| **Received on (Date):** |
| **Processed by (Name of FSQA official):** |
| **FSQA File No:** |

**Checklist for dispensation applications**

**Please tick** √

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| **1. Completed dispensation application form** |  |
| **2. Direction issued by the inspector** |  |
| **3. Inspection or Evaluation report issued by the inspector (if available)** |  |
| **4. Applicant’s letter of motivation (on company’s letter head)** |  |
| **5. Applicant’s action plan (please refer to section 12 on page 1)** |  |
| **6. An example each of the incorrect/deviating labels or packaging**  **(photographs or clearly legible scans will also suffice)** |  |

**Please Take Note:**

**\* If section 18 is not filled in by the inspector (either in the space provided, on a separate page attached or via e-mail) and all relevant documents and information are not provided, this application will not be considered or processed by D: FSQA.**