

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.

|  |  |
| --- | --- |
| 1. Company Name |  |
| 2. Applicant’s Name  |  | 3. Designation |  |
| 4. Company Physical Address |  |
|  |
|  |
|  | 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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** √

|  |  |
| --- | --- |
| **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.**