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| CoA Agric3 | DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES  DIRECTORATE ANIMAL HEALTH |
| **REGISTRATION FORM – LIVE CHICKEN SALE – LIVE CHICKEN TRADERS** |
| DIRECTORATE: | ANIMAL HEALTH |

**Trader Details**

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| --- | --- | --- | --- | --- |
| Name of the Trader/Company |  | | | |
| Registration Number of Company(If applicable) |  | | | |
| ID Number/Passport Number of trader |  | | | |
| Address of trader/company |  | | | |
| Phone | Work | Mobile | | Alternative |
| Areas of Operation  (Where do you sell your stock/cull chickens) | Town (Nearest Town) | | Province | |
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***Note: Kindly forward the completed forms and any other information required in respect of this registration to*** [***info@pdma.co.za***](mailto:info@pdma.co.za) ***alternatively*** [***malesedi@sapoultry.co.za***](mailto:malesedi@sapoultry.co.za)***. For enquiries contact Malesedi on 012 529 8298.***

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I hereby acknowledge that the sale of live chickens is subject to a health declaration. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with the Poultry Disease Management Agency.

Signed by: ……………………………………….. Date:…………………………………………………….