



**APPLICATION FORM FOR PERMISSION TO SUPPLY AND MANUFACTURE
FEEDS, PREMIXES AND VETERINARY EQUIPMENT**

Department of Veterinary Services Private Bag 0032 GABORONE TELEPHONE: (267) 3689503 FAX : (267) 3903744	Company details:- Full Name of Company:-..... Postal Address:-..... Business Physical Address: - Tel. Number: - Fax: -..... Cell Number: -
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DETAILS OF PRODUCTS APPLIED FOR:-

Supply Stock feeds **Stock feeds Manufacturers and distributors (Including premixes)**

Veterinary Equipment

DETAILS OF QUALIFIED PERSONNEL (Minimum qualification – Certificate in Animal Health and Production):-

NAME	QUALIFICATION	PLACE WHERE QUALIFICATION ACQUIRED

(Please attach copies of certificates)

Contact Person Details (For each Branch)

Full Name:

Contact Numbers:

Postal Address:

Email address:-.....

Fax Number:-.....

APPLICANT'S DETAILS

Full Name:

Contact Numbers:

Postal Address:

Email address:-.....

Fax Number:-.....

Signature of applicant: Date:

For Official Use Only

Date Received:-.....

Received By:-..... Signature:-.....

(Name in Full)

Approved/Not Approved

Reasons for disapproval:

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Name of Authorizing Officer:-.....

Designation:-.....

Signature:-.....

Date Stamp:-.....