



**Meat Board
of Namibia**

Agricultural Boards Building
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Expression of Interest in the Pork Scheme: Pig Producer

1. Personal Details	
1.1 Name:	
1.2 Postal Address:	
1.3 Identification Number:	
1.4 Telephone Number:	
1.5 Residential Address:	
1.6 Meat Board Producer Number:	
2. Company Details	
2.1 Company Name:	
2.2 Company Registration Number:	
2.3 Company VAT Registration Number:	
3. Farm Details	
3.1 Name of Farm:	
3.2 District:	
3.3 Region:	
4. Pig Production Details	
4.1 Estimated Pigs on the Farm:	
4.2 Estimated Slaughter Quantity of Pigs:	
4.3 Estimated Slaughter interval e.g. Daily, Weekly, Monthly:	
5. Affirmation Details	
5.1 I do hereby agree to abide by the SOP's of the Pork Scheme and also agree to part take in all the Pork Steering Committee Meetings.	
..... Signature: Date:

Form 1

MINISTRY OF AGRICULTURE, WATER AND FORESTRY

Animal Health Act, 2011 (Act No. 1 of 2011)

(Section 24(4), Regulation 3(3))

**APPLICATION FOR REGISTRATION OF PLACE
AS REGISTERED ESTABLISHMENT****IMPORTANT NOTES:**

- (a) Please contact the office of the local Veterinary Official for guidance in completing the application form.
- (b) The application should be submitted to the office of the local State Veterinary Official.
- (c) Please complete parts A and B and attach the required supporting documents.
- (d) This application form is not to be used for registration of animals gathering establishment.
- (e) Incomplete application will not be accepted.
- (f) Please use **BLOCK LETTERS**.

A. APPLICANT DETAILS: Owner Representative

1. Name			
2. ID/CC Registration Number			
3. Postal address			
4. Telephone No.	Fax No.	Cell. No.	
5. Email			

B. DETAILS OF PLACE TO BE REGISTERED AS REGISTERED ESTABLISHMENT:

1. Name				
2. Physical address				
3. GPS Coordinates	Latitude		Longitude	
4. Type (may tick more than one)	Resettlement farm	Commercial farm	Communal farm	Other(specify)

.....
Signature of the applicant.....
Date*For official use***Granted/ Refused (delete what is not applicable)** **Reference Number**
Name of Veterinary Official **Rank** **Signature** **Date stamp****NB:** If the applications is refused please attach Form 2 indicating reasons why the application is refused

Form 4

MINISTRY OF AGRICULTURE, WATER AND FORESTRY
 Animals Health Act, 2011 (Act No. 1 of 2011)
 (Section 24, Regulation 6(1)(b))

**NOTIFICATION OF REGISTRATION OF PLACE
 AS REGISTERED ESTABLISHMENT**

Establishment code

A. DETAILS OF PLACE REGISTERED AS REGISTERED ESTABLISHMENT

1. Name				
2. Veterinary Official				
3. Constituency				
4. Region				
5. GPS Coordinates	Latitude		Longitude	
7. Type	Commercial farm	Resettlement farm	Communal farm	Other(specify)

Notice Issued by:

Name of Veterinary Official

Rank

Signature

Telephone

Official Stamp