



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
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**APPLICATION FOR AN IMPORT PERMIT FOR
GAMETES AND EMBRYOS**

Person applying for an import permit:			
NAME			
RANK/POSITION			
Organisation:			
NAME			
ADDRESS		
		
TEL. NO.		FAX. NO.	
Specific micro-organism(s) for which an import permit is required:			
GAMETES/EMBRYOS			
.....			
.....			
Period during which import will take place			
Contact person and organisation supplying the tissue(s):			
NAME: PERSON			
NAME: ORGANISATION			
ADDRESS		
		
TEL. NO.		FAX. NO.	
Purpose(s) for which tissue(s) is(are) to be used. Although detail is not required, the specific purpose(s) must be clearly stated:			
.....			

SIGNATURE OF APPLICANT.....DATE:.....