



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH  
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**APPLICATION FOR AN EXPORT PERMIT FOR  
CULTURES AND MICRO-ORGANISMS**

Person applying for an import permit:

<b>NAME</b>	
<b>RANK/POSITION</b>	

Organisation:

<b>NAME</b>			
<b>ADDRESS</b>	.....		
	.....		
<b>TEL. NO.</b>		<b>FAX. NO.</b>	

Specific micro-organism(s) for which an export permit is required:

MICRO-ORGANISMS / CULTURES	
.....	
.....	

Period during which import will take place

Contact person and organisation to which the substance(s) is(are) exported:

<b>NAME: PERSON</b>			
<b>NAME: ORGANISATION</b>			
<b>ADDRESS</b>	.....		
	.....		
<b>TEL. NO.</b>		<b>FAX. NO.</b>	

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:.....**