



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
Private Bag X828 PRETORIA 0001**

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**APPLICATION FOR AN IMPORT PERMIT FOR
HUMAN TISSUES**

Person applying for an import permit:	
NAME	
RANK/POSITION	

Organisation:			
NAME			
ADDRESS		
		
TEL. NO.		FAX. NO.	

Specific tissue(s) for which an import permit is required:	
HUMAN TISSUE(S)	QUANTITY
.....	
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:.....