

ANNEX 9A

ANNEX 9A - HEALTH ATTESTATION BY ISSUING PROVINCIAL STATE VETERINARIAN*

Ref. N° _____
(Farm Registration N° may be used)

Letterhead & contact details of issuing PSV

Address: _____

Tel. N°: _____

Fax N°: _____

Cell Phone _____

Addressed to: _____
(Name of OVI at abattoir of destination)

ATTESTATION BY THE ISSUING PROVINCIAL STATE VETERINARIAN

I _____ hereby certify that the farm from which the partially dressed game carcass (PDGC's) were derived, as identified in the copy of the Certificate of Origin (Annex 9B) attached, satisfy the following requirements:

1. For cloven hooved wild game the farm must be located in the Foot and Mouth Disease Free zone (without vaccination) of South Africa as recognized by the OIE, as well as at a distance that exceeds 20 km from the border of a country or part thereof, which is not authorised during this period (2.5) for exporting this fresh meat to the European Community, or outside any Foot-and-Mouth Disease restricted area, as communicated from time to time by the Director: Veterinary Services of the National Department of Agriculture, Forestry and Fisheries or as specified in the latest EU Directives in the case of export to the EU. ⁽¹⁾

2. The farm from which the animals originate: _____

2.1 with co-ordinates: _____ (Name of farm)

2.2 has been registered for export approval Reg. N°; _____

2.3 on: _____ (Reg. N°)

2.4 is situated in the following district; _____ (Date of registration)

2.5 has maintained its status with regards to all provisions as noted during the original registration process (Annex 5B); _____ (District)

2.6 receives regular veterinary inspections;

2.7 was not under animal health restrictions during the previous 60 days in connection with any disease to which the animals concerned are susceptible.

I confirm that I have received a pre-notification from the game harvester providing me with details of the hunt.

Signed at (place) _____ (date) _____ *

Stamp _____
(Signature of Provincial State Veterinarian)

(Name in capital letters, title and qualification)

* This health attestation is valid for 10 days / completion of all fields compulsory.
(1) Not applicable to solipeds (zebra)

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DECLARATION BY RECEIVING OFFICIAL VETERINARY INSPECTOR

I hereby declare that the following partially dressed wild game carcasses arrived at _____ (name of establishment)
on (date) _____ (time) _____

| Farm name | Farm Registration number | Species | Number of carcasses |
|-----------|--------------------------|---------|---------------------|
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Signed at (place) _____ , (date) _____

Stamp _____
(signature of official veterinary inspector)

(name in capital letters, title and qualification)

This declaration must please be send to the issuing Provincial State Veterinarian as indicated above, by fax or e-mail within 5 working days.