



TRANSPORT

DOKUMENT VAN IDENTIFIKASIE / DOCUMENT OF IDENTIFICATION WET OP
VEEDIEFSTAL WET 57/1959: STOCK THEFT ACT, ACT 57/1959 DOKUMENTE
VAN IDENTIFIKASIE / DOCUMENT OF IDENTIFICATION ART/SEC 6
VERWYDERINGSSERTIFIKAAT/REMOVAL CERTIFICATE ART/SEC 6

Eienaar / Owner

VAN / SURNAME _____

VRL / INIT _____

ID NR _____

PLAAS / FARM _____

ADRES / ADDRESS _____

TEL NR _____

Lewer aan / Deliver to: _____

Veilingspunt / Location: _____

Verkoper/Seller Pastel Rek. Nr./Acc No. **L****BANK BESONDERHEDE / BANKING DETAILS:**

Rek nr / Acc: _____

Bank Naam / Bank Name: _____

Rek Houer / Acc Holder: _____

BESONDERHEDE VAN VEE / STOCK PARTICULARS

RAS / BREED	GETAL / QUANTITY	GESLAG / SEX	KLEUR / COLOUR	BRAND / OOR EN ANDER MERK / BRAND, EAR AND OTHER MARKS

**BTW GEREGISTREERD
VAT REGISTERED**

JA / YES

☐

NEE / NO

☐

BTW NR/NO:

DATUM UITGEREIK / DATE ISSUED: _____ (EIENAAR / OWNER)

Handtekening / Signature: _____

VERWYDERINGSSERTIFIKAAT - LIVESTOCK REMOVAL CERTIFICATION

Issued in term of Article 8 of the Stock theft Act, Act No 57 of 1959

	NAME & SURNAME:	PHYSICAL ADDRESS:	ID NUMBER:	CELL NUMBER:
CERTIFICATE ISSUED BY				
DUTY AUTHORIZED				

Hereby grant permission to: (Naam van voertuigbestuurder / Name of vehicle driver): _____

ID Number: _____ Tel N: _____

Om die bogenoemde lewendehawe volgens Artikel 6 dokumente namens die eienaar te ontvang en te vervoer / aan te jaag
To take possession and to transport/drove the above-mentioned livestock according to the Article 6 document on behalf of the owner.

Vanaf/From:

Na/To:

Voertuig registrasie & Model / Vehicle registration & Model

Eienaar / Owner Signature :

Transporteerder / Transporter Signature :

Datum uitgereik / Date of issue :

Ontvang deur / Received by :



ONS BENODIG GESONDHEIDSLIGTING TOT DIE BESTE VAN U KENNIS. WE REQUIRE HEALTH INFO TO THE BEST OF YOUR KNOWLEDGE.

Ek die eienaar van die bogenoemde diere, verklaar dat so ver as my kennis dra dat die diere vry is van enige siektes genoem in art 35 van 1984. I, the owner of the presented animals, declare that as far as I know, my animals are free from diseases intended in act 35 of 1984.

EIENAAR / OWNER / REPRESENTATIVE: _____

DATUM / DATE: _____

Om diere by die veilingskraal te aanvaar, benodig ons inligting oor die gesondheidstatus van die diere en die plaas van oorsprong. Die veearts by die veilingsfasiliteit benodig korrekte inligting en daarom is hierdie gesondheidsverslag belangrik. To accept animals at the auction pens we need info on the health status of the animals and the farm of origin. The Vet at the auction facility needs correct info and that is why this health attestation is important. The info can be of your personal work, from the local state vet, private vet or district animal health technicians.

1. Ons moet weet of enige siektes binne 30 dae op die plaas van oorsprong gediagnoseer is (verskaf asb datums indien moontlik). We need to know if any disease were diagnosed on the farm of origin in the last 30 days (please provide dates if possible).

	SIEKTE / DISEASE	JA / NEE – YES / NO	DATUM / DATE
1.	BRUCELLOSIS		
2.	TUBERCULOSIS		
3.	PARATUBERCULOSIS		
4.	INFECTIOUS BOVINE BRONCHITIS		
5.	LEPTOSPIROSIS		
6.	BLUETONGUE		
7.	TRICHOMONAS FOETUS		
8.	CAMPYLOBACTER FOETUS		
9.	ENZOOTIC BOVINE LEUCOSIS		
10.	RABIES		
11.	LUMPY SKIN DISEASE		
12.	RIFT VALLEY FEVER		
13.	BOVINE VIRAL DIARRHEA		
14.	FOOT AND MOUTH DISEASE		
15.	SHEATH WASHES		
16.	LEUKOSIS		
17.	OTHER		

2. Sedert wanneer is die diere op die plaas van oorsprong aangehou. Since when were the animals kept on the farm of origin:

3. Wanneer laas is enige nuwe diere op die plaas van oorsprong aangebring. When last were there any new animals introduced on the farm of origin:

4. Is die plaas korrek onder kwarantyn / Is the farm correctly under quarantine: JA / YES or NEE / NO

Hiermee verklaar ek / Hereby I declare, _____ (kuddegondheidsveearts/
Biosekuriteitsbeampte), dat die bogenoemde diere klinies gesond was en klinies vry van enige kliniese tekens van bek-en-
klouseer / (herd health vet / Bio security officer), declare that I examined the above-mentioned animals and that the animals
were clinically healthy and clinically free from any clinical signs of foot and Mouth disease.

EIENAAR / OWNER SIGNATURE HANDTEKEING / SIGNATURE:	BIOSEKURITEITS BEAMPTE / BIOSECURITY OFFICER HANDTEKEING / SIGNATURE:


**DEPARTMENT OF
AGRICULTURE AND RURAL DEVELOPMENT**
APPLICATION FOR MOVEMENT OF DOMESTIC CLOVEN-HOOFED ANIMALS

In terms of the Animal Diseases Act, 1984 (Act No. 35 of 1984)

1. APPLICANT DETAILS

Full Name / Entity			
ID / Registration Number			
Contact Number		Stock card No:	
Email Address			
Physical Address			

-----	2. ORIGIN DETAILS	3. DESTINATION DETAILS
Farm Name		
Farm Portion(s)		
District		
Municipality		
GPS Coordinates		
Planned date of movement		
Owner / Manager Name		

4. ANIMAL DETAILS

Specie:		Number of Animals:		Registered Brand:	
Reason for Movement					
Sale:		Slaughter:		Breeding:	
				Auction:	
				Other (Specify):	

 APPLICANT SIGNATURE

 DATE SUBMITTED