



## ESWATINI DAIRY BOARD

(Established in terms of the Dairy Act-No.28 of 1968)

TEL: (+268) 2505-8262 • FAX: (+268) 2505-8260

3<sup>rd</sup> Floor, Enguleni House, 287 Mahleka Street  
P.O.BOX 2975, Manzini M200, Eswatini

Application for Import/ Export/ Transit of Dairy Products as listed in the Legal Notice No.27 of 2011

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### For Office Use Only

File Reference Number		
Date Received		
Received by		
Quota Code		
Receipt Number		

***NB: This Application Form should be accompanied by an Application Fee of E50.00***

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#### Details of the Applicant

**Is the applicant an individual or a Company?**

- Individual: Complete Parts A, C and D       Company: Complete Parts B, C and D
- Importation                       Exportation                       Transiting

**Part A: Individual**

<b>Name in Full</b>			
<b>Physical Address</b>			
<b>Business Address</b>			
<b>EDB Licence Number</b>			
<b>PIN</b>		<b>SRA TIN</b>	
<b>Contact Details</b>	<b>Tel</b>		<b>E-mail</b>
	<b>Fax</b>		<b>Mobile</b>

**Part B: Company**

Attach written evidence of Company Registration and Trading Licence.

- Registered Company
- Other (please specify) \_\_\_\_\_

<b>SRA TIN</b>			
<b>Company Name (in full)</b>			
<b>Trading As (where applicable)</b>			
<b>EDB Licence Number</b>			
<b>Physical Address</b>			
<b>Postal Address</b>			
<b>Contact Details</b>	<b>Tel</b>		<b>E-mail</b>
	<b>Fax</b>		<b>Mobile</b>

**Authorised Contact Person**

<b>Names in Full</b>			
<b>PIN</b>			
<b>Contact Details</b>	<b>Tel</b>		<b>E-mail</b>
	<b>Fax</b>		<b>Mobile</b>

**Part C: Information on Controlled Substance(s) / Product(s) to be imported/ on transit/ exported**

(Please attach a separate schedule where more space is required)

	<b>Trade Name of Substance(s)</b>	<b>Brand Name</b>	<b>HS Code</b>	<b>Origin</b>	<b>Quantity (Number Only)</b>	<b>Measure (Kg/l)</b>	<b>Value (SZL)</b>
		MANDATORY		MANDATORY			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							

<b>Entry Points</b> <i>(List of Border Post)</i>								
<b>Mode of Transport</b> <i>(Tick the applicable)</i>	<b>Air</b>		<b>Post</b>		<b>Rail</b>		<b>Road</b>	
<b>Name of Transporter</b>								
<b>Cross Border Validity</b>								
<b>Contract Period</b> <i>(between transporter and importer/exporter)</i>								
<b>Physical Address</b>								
<b>Postal Address</b>								
<b>Contact Details</b>	<b>Tel</b>	+				<b>E-mail</b>		
	<b>Fax</b>	+				<b>Mobile</b>	+	

<b>Entry Points</b> <i>(List of Border Post)</i>								
<b>Mode of Transport</b> <i>(Tick the applicable)</i>	<b>Air</b>		<b>Post</b>		<b>Rail</b>		<b>Road</b>	
<b>Name of Transporter</b>								
<b>Cross Border Validity</b>								
<b>Contract Period</b> <i>(between transporter and importer/exporter)</i>								
<b>Physical Address</b>								
<b>Postal Address</b>								
<b>Contact Details</b>	<b>Tel</b>	+				<b>E-mail</b>		
	<b>Fax</b>	+				<b>Mobile</b>	+	

<b>Entry Points</b> <i>(List of Border Post)</i>								
<b>Mode of Transport</b> <i>(Tick the applicable)</i>	<b>Air</b>		<b>Post</b>		<b>Rail</b>		<b>Road</b>	
<b>Name of Transporter</b>								
<b>Cross Border Validity</b>								
<b>Contract Period</b> <i>(between transporter and importer/exporter)</i>								
<b>Physical Address</b>								
<b>Postal Address</b>								
<b>Contact Details</b>	<b>Tel</b>	+				<b>E-mail</b>		
	<b>Fax</b>	+				<b>Mobile</b>	+	

**Please Provide Details of Declaring Agent**

**Declaring Agent 1**

<b>SRA TIN</b>				
<b>Company Name</b> (in full)				
<b>Trading As</b> (where applicable)				
<b>Physical Address</b>				
<b>Postal Address</b>				
<b>Contact Details</b>	<b>Tel</b>		<b>E-mail</b>	
	<b>Fax</b>		<b>Mobile</b>	

**Declaring Agent 2**

<b>SRA TIN</b>				
<b>Company Name</b> (in full)				
<b>Trading As</b> (where applicable)				
<b>Physical Address</b>				
<b>Postal Address</b>				
<b>Contact Details</b>	<b>Tel</b>		<b>E-mail</b>	
	<b>Fax</b>		<b>Mobile</b>	

**Declaring Agent 3**

<b>SRA TIN</b>				
<b>Company Name</b> (in full)				
<b>Trading As</b> (where applicable)				
<b>Physical Address</b>				
<b>Postal Address</b>				
<b>Contact Details</b>	<b>Tel</b>		<b>E-mail</b>	
	<b>Fax</b>		<b>Mobile</b>	

Please provide the following Details

Supplier

Distributor

Exporter

**Information on the Supplier1/ Distributor/ Exporter**

<b>Company Name</b> (in full)				
Trading As (where applicable)				
Physical Address				
Postal Address				
Exporter Number				
Date of issue				
Expiry Date				
Contact Details	Tel	+		E-mail
	Fax	+		Mobile +

**Supplier2/Distributor/Exporter**

<b>Company Name</b> (in full)				
Trading As (where applicable)				
Physical Address				
Postal Address				
Exporter Number				
Date of issue				
Expiry Date				
Contact Details	Tel	+		E-mail
	Fax	+		Mobile +

**Supplier3/Distributor/Exporter**

<b>Company Name</b> (in full)				
Trading As (where applicable)				
Physical Address				
Postal Address				
Exporter Number				
Date of issue				
Expiry Date				
Contact Details	Tel	+		E-mail
	Fax	+		Mobile +

**Supplier4/Distributor/Exporter**

<b>Company Name (in full)</b>					
<b>Trading As (where applicable)</b>					
<b>Physical Address</b>					
<b>Postal Address</b>					
<b>Exporter Number</b>					
<b>Date of issue</b>					
<b>Expiry Date</b>					
<b>Contact Details</b>	<b>Tel</b>	<b>+</b>		<b>E-mail</b>	
	<b>Fax</b>	<b>+</b>		<b>Mobile</b>	<b>+</b>

**Information of the Manufacturer**

**Manufacturer 1**

<b>Company Name (in full)</b>					
<b>Trading As (where applicable)</b>					
<b>Physical Address</b>					
<b>Postal Address</b>					
<b>Exporter Number</b>					
<b>Date of issue</b>					
<b>Expiry Date</b>					
<b>Contact Details</b>	<b>Tel</b>	<b>+</b>		<b>E-mail</b>	
	<b>Fax</b>	<b>+</b>		<b>Mobile</b>	<b>+</b>

**Manufacturer 2**

<b>Company Name (in full)</b>					
<b>Trading As (where applicable)</b>					
<b>Physical Address</b>					
<b>Postal Address</b>					
<b>Exporter Number</b>					
<b>Date of issue</b>					
<b>Expiry Date</b>					
<b>Contact Details</b>	<b>Tel</b>	<b>+</b>		<b>E-mail</b>	
	<b>Fax</b>	<b>+</b>		<b>Mobile</b>	<b>+</b>

**Manufacturer 3**

<b>Company Name (in full)</b>									
<b>Trading As (where applicable)</b>									
<b>Physical Address</b>									
<b>Postal Address</b>									
<b>Exporter Number</b>									
<b>Date of issue</b>									
<b>Expiry Date</b>									
<b>Contact Details</b>	<b>Tel</b>	<b>+</b>				<b>E-mail</b>			
	<b>Fax</b>	<b>+</b>				<b>Mobile</b>	<b>+</b>		

**Manufacturer 4**

<b>Company Name (in full)</b>									
<b>Trading As (where applicable)</b>									
<b>Physical Address</b>									
<b>Postal Address</b>									
<b>Exporter Number</b>									
<b>Date of issue</b>									
<b>Expiry Date</b>									
<b>Contact Details</b>	<b>Tel</b>	<b>+</b>				<b>E-mail</b>			
	<b>Fax</b>	<b>+</b>				<b>Mobile</b>	<b>+</b>		

**Part D: Declaration**

I, \_\_\_\_\_, declare that the information stated in this application is correct. I undertake to observe the conditions under which this license/permit is issued.

<b>Signature</b>		<b>Date</b>	
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**Company Date Stamp**

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**NB:**

1. Please attach certificate for a Veterinary Approved Dairy Establishment.
2. EDB Permit must be accompanied by the following:
  - A) Health Certificate
  - B) Import Permit
3. EDB Permit shall not be renewed unless all invoices of previous month's dairy products are produced and paid for.
4. EDB reserves the rights to cancel or revoke a permit.
5. Please attach the certificate of product analysis.

**QUOTA: Required Fields:**



Field Name	Type-Default	Type-To Be	Field to be amended
Quota code	Mandatory	Mandatory	
Administration code	Optional	Mandatory	
Office code	Optional	Optional	
Quota type code	Optional	Optional	
Company	Mandatory	Mandatory	
Valid from	Mandatory	Mandatory	
Valid to	Optional	Mandatory	xxxxxxx
Commodity code <sup>2</sup> pter; heading, SCod, HSCode8, 11 igit)	Mandatory	Mandatory	xxxxxxx
Entity origin	Prohibited	Prohibited	
Country of origin	Mandatory	Mandatory	
Duty/Tax code	Optional	Optional	
Duty/Tax rate/levy			
Network weight(kilos)	Mandatory depending on commodity code	Mandatory depending on commodity code	xxxxxxx <sup>3</sup>
Quantity	Mandatory depending on commodity code	Mandatory depending on commodity code	xxxxxxx <sup>4</sup>
UOM code	Mandatory depending on commodity code	Mandatory depending on commodity code	
Value	Mandatory	Mandatory	xxxxxxx
Currency code	Mandatory	Mandatory	xxxxxxx
Manufacture	Mandatory	Mandatory	
Invoice Number	Mandatory	Mandatory	
Export Number	Mandatory	Mandatory	
Unit Price Range	Mandatory	Mandatory	
<b>Batch Number</b>	<b>Mandatory</b>	<b>Mandatory</b>	

1 End date to be Optional if we leave room for extending the Expiry Date. Otherwise it can be fixed to any date of each year leaving only Quantity and Value to be updated during the calendar year.

2 Field already enabled for capturing of Chapter, Heading, HSCod (6 digits), HSCode8, HSCode11 digit.

3 This is by default as per UOM/Stats Val of an HS Code; no changes may be necessary.

4 This is by default as per UOM/Stats Val of an HS Code; no changes may be necessary.

5 Has to be Mandatory as this has impact on the Levies collected by OGAs such as EDB and NAMBoard

6 has to be Mandatory but in SZL to complement value.