SWAZILAND DAIRY BOARD

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

TEL: (+268) 2505 8262/3/4 • FAX: (+268) 2505 8260

3RD FLOOR, ENGULENI HOUSE, 287 MAHLEKA STREET, MANZINI P.O. BOX 2975, MANZINI M200, SWAZILAND

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

For Office Use Only	
File Reference Number	
Date Received	
Received by	
Quota Code	
Receipt Number	
NB: This Application Form should be accompa	nnied by an Application Fee of E
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	ortation Transiting

Part A: Individuals

Please Give the Following Details

Nam	e in	Fu	ıll												
Phys	ical	Ac	ldre	ess											
Busin	iess	A	ddr	ess											
SDB	Lic	enc	ce												
Num	ber														
PIN									SRA TIN						
Cont			Tel						E-mail		1		ı	ı	
Detai	ils		Fax						Mobile						
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Part B: Companies

Please provide the following details

Attach written evidence of Company Re	egistratio	on and Tradir	ng Lic	ence		
Registered Company						
Other (please specify)					 	
SRA TIN						
Company Name (in full)						
Trading As (where applicable)						
SDB Licence Number						
Physical Address						
Postal Address						
Contact Tel Details		E-mail				
Fax		Mobile				

Authorized Contact Person

Names in	Full												
PIN													
Contact Details	Tel				E-ma	iil	l	I		ı	I	L.	
Details	Fax				Mobi	ile							

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)

	Trade Name of Substance(s)	Brand Name	HS Code	Origin	Quantity (Number Only)	Measure (Kg / Ltr etc)	Value (SZL)
1.		MANDATORY		MANDATORY			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							

Mode of Tr	anspor	t (Tick		Air	•]	Pos	st		R	ail			R	loac	d			
Name of Tr	ansnor	ter										_										
Cross Bord																						
Contract Pe																						
transporter and in																						
Physical Ad																						
Postal Addı																						
Contact	Tel	+										E-mail									_	
Details	Fax	+										Mobile	+						Т	П		
Details	1 421	<u> </u>			1					1 1		TVIOUIC										
Entry Point	(List o	f Borde	r Pa	osts)																	
	(2000)	Dor ac.		, ore	<u>'</u>																	
Mode of Tr	ansnor	f (Tick								_				•••								
the applicable)	unspor	C (Tick		Air	•				J	Pos	st		K	ail			K	load	1			
Name of Tr	anspor	ter																				
Cross Bord	er Vali	dity																				
Contract Pe																						
transporter and in		orter)																				
Physical Ad	ldress																					
Postal Addı	ress																					
Contact	Tel	+										E-mail										
Details	Fax	+										Mobile	+									
													ı	ı				-				
Entry Point	(List of	f Border	r Pa	osts)																	
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Mode of Tr	anspor	t (Tick		A :					,	n	.4		n	- 21			D					
the applicable)	•	,		Air					J	Pos	st		K	ail			K	load	.1			
Name of Tr	anspor	ter																				
Cross Bord	er Vali	dity																				
Contract Pe	eriod (b	etween																				
transporter and in																						
Physical Ad	Physical Address																					
Postal Addı	ress	·																				
Contact	Tel	+										E-mail										
Details	Fax	+										Mobile	4									

Entry Point (List of Border Posts)

Please Provide Details of Declaring Agent

Declaring	Agent 1	1																
SRA TIN																		
Company	Name (in f	ull)													-1		
Trading A	s (wher	е ар	oplio	cabl	(e)													
Physical A	ddress																	
Postal Add	lress																	
Contact	Tel									E-1	nail							
Details													1		 1			1
	Fax									Mo	bile							
Declaring	Agent 2	2					-		-		Г	Т	1		ı	1	-	
SRA TIN																		
Company	Name ((in f	ull)															
Trading A	s (wher	•е ар	oplio	cabl	(e)													
Physical A	ddress																	
Postal Add	lress																	
Contact	Tel									E-1	nail							
Details	Fax									Mo	bile							
L	<u>l</u>	1	1	<u> </u>	<u> </u>	<u> </u>	1	1	<u> </u>	1			1	l	 		1	
Declaring	Agent 3	3																
SRA TIN																		
Company	Name ((in f	ull)						•				,			•	•	
Trading A	s (wher	е ар	oplio	cabl	(e)													
Physical A	ddress																	
Postal Add	lress																	
Contact	Tel									E-1	nail							
Details	Fox						-	-		Ma	hila							

Please Provide the following Details	
Supplier Distributor	Exporter
••	•
Information on the Supplier1/ Distributor/ E	xporter
Company Name (in full)	
Trading As (where applicable)	
Physical Address	
Postal Address	
Export Number	
Date of issue	
Expiry date	
Contact Tel +	E-mail
Details Fax +	Mobile +
Supplier2/ Distributor/ Exporter	
Company Name (in full)	
Trading As (where applicable)	
Physical Address	
Postal Address	
Export Number	
Date of issue	
Expiry date	
Contact Tel +	E-mail
Details Fax +	Mobile +
Supplier3/ Distributor/ Exporter	
Company Name (in full)	
Trading As (where applicable)	
Physical Address	
Postal Address	
Export Number	
Date of issue	
Expiry date	
Contact Tel +	E-mail
Details Fay 1	Mobile +

Supplier4/ Distributor/ Exporter

See P Price in																			
Company	Name	(in fi	ull))															
Trading A	s (wher	re ap	pli	cal	ble)														
Physical A	ddress	;																	
Postal Add	ostal Address																		
Export N	Export Number																		
Date of iss	ue																		
Expiry da	te																		
Contact	Tel	+											E-mail						
Details	Fax	+											Mobile	+					

Information on the Manufacturer

Manufacturer 1

Company	Name	(in	ful	(ll)															
Trading A	s (wher	·e a	ірр	olio	cal	ble)													
Physical A	ddress																		
Postal Add	ostal Address																		
Export N	Export Number																		
Date of iss	ue																		
Expiry da	te																		
Contact	Tel	+											E-mail						
Details	Fax	+											Mobile	+					

Manufacturer 2

Company	Name	(in	ful	(l)																	
Trading A	s (wher	e a	pp	lic	ab	le)															
Physical A	ddress																				
Postal Ado	ostal Address																				
Export N	Export Number																				
Date of iss	ue																				
Expiry da	te																				
Contact	Tel	+											E-mail								
Details	Fax	+											Mobile	+	-						

Manufacturer 3

Company	Name	(in fi	ıll))													
Trading A	s (wher	re ap	pli	cal	ble)												
Physical A	ddress																
Postal Ado	dress																
Export N	umber																
Date of iss	ue																
Expiry da	te																
Contact	Tel	+								E-mail							
Details	Fax	+								Mobile	+	-					

Manufacturer 4

Company	Name ((in fu	ll)												
Trading A	s (wher	е арұ	plic	abi	le)										
Physical A	ddress														
Postal Ado	dress														
Export N	umber														
Date of iss	ue														
Expiry da	te														
Contact	Tel	+							E-mail						
Details	Fax	+							Mobile	+					

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I,	, declare	that the	info	matic	n stat	ed in	this ar	plica	tion	
is correct.	I undertake to observe the conditions und	der whic	h this	licens	se / pe	rmit i	s issue	ed.		
Signature		Date								

Company Date Stamp

NB:

- Please attach certificate for a Veterinary Approved Dairy Establishment.
 SDB Permit must be accompanied by the following:
- - A) Health Certificate
 - B) Import Permit
- 3. SDB Permit shall not be renewed unless all invoices of previous month's dairy products are produced and paid for.
- 4. SDB 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 ¹	XXXXXXX
Commodity code ² (<i>Chapter, heading, HSCod, HSCode8, 11 digit</i>)	Mandatory	Mandatory	xxxxxx
Entity origin	Prohibited	Prohibited	
Country of origin	Mandatory	Mandatory	
Duty / Tax code	Optional	Optional	
Duty / Tax rate/ levy	Mandatory	Mandatory	
Net weight (Kilos)	Mandatory depending on commodity code	Mandatory depending on commodity code	xxxxxxx ³
Quantity	Mandatory depending on commodity code	Mandatory depending on commodity code	XXXXXXX ⁴
UOM code	Mandatory depending on commodity code	Mandatory depending on commodity code	
Value	Mandatory	⁵ Mandatory	XXXXXX
Currency code	Mandatory	⁶ Mandatory	XXXXXX
Manufacture	Mandatory	Mandatory	
Invoice Number	Mandatory	Mandatory	
Export Number	Mandatory	Mandatory	
Unit Price Range	Mandatory	Mandatory	
Batch Number	Mandatory	Mandatory	

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 SDB and NAMBoard

⁶ Has to be Mandatory but in SZL to complement value