



SWAZILAND GOVERNMENT
MINISTRY OF AGRICULTURE
 Department of Veterinary and Livestock Services
 P.O.Box 162, Mbabane, Swaziland.
 Tel: +268 24042731 Fax: +268 24049802

Permit No.:
 Date of issue:.....
 Dairy Board Permit No:.....

**VETERINARY IMPORT PERMIT FOR MILK BASED PRODUCTS FROM THE
 REPUBLIC OF SOUTH AFRICA**

(Issued in terms of the Animal Disease Act, 7 of 1965 and Veterinary Public Health, 17 of 2013)

Authority is hereby granted to:

Name:
 Address:.....
 Telephone:

To import into Swaziland the following:

Description of product	Number of packages/units	Quantity in Kg/Liters

Place of Origin:

(i) Establishment Name and ZA No. :

(ii) Address)

(iii) Province / Country:

Subject to the following conditions:

1. The importer accepts the sole responsibility of ensuring that the conditions below have been complied with and understands his/her duty in this regard.
2. The consignment must be accompanied by:
 - 2.1 this permit.
 - 2.2 A veterinary health certificate, which must be completed and signed by a veterinarian authorized thereto by the Government of the Republic of South Africa.
3. The consignment must be transported from the exporting establishment to its destination in Swaziland in sealed containers and enter through NGWENYA/LAVUMISA/MAHAMB(A) (border gate)
4. The importer must inform the State veterinarian, MATSAPHA Tel: +25184033 Fax: +25190069 of the estimated date of arrival of the consignment at destination must be reported to the state /authorized veterinarian immediately. The seals may not be broken or goods offloaded without his/her permission.
5. The Veterinary Officer at destination must be informed by fax of the dispatch of the consignment+25190069
6. The permit is valid untiland is for one consignment only

Date of Issue:..... (Official Date Stamp)

Name:

For: Director of Veterinary and Livestock Services

Signature:

(Issuing Officer)

Veterinary Certificate for Milk or Milk Based Products

1. ATTESTATION

I, the undersigned authorized official veterinarian hereby certify that the milk or milk based products mentioned on the Veterinary import No:.....and described below; was produced from either (tick appropriate):

1.1 Milk or Milk based products, derived from animals kept in herds in the country mentioned on the overleaf which were not under restrictions due to foot and mouth disease;

OR

Milk or Milk based products, legally imported into the country, from facilities in the European Community registered for trade within the community (complying with all the relevant European Community Directives) or Norway, New Zealand which were not under restrictions due to foot and mouth disease;

2. Was processed at an officially approved manufacturing plant and subjected to one of the following processes before being introduced into Swaziland territory:

2.1 In the case of milk or milk based products originating from areas where no outbreak of foot and mouth disease has occurred within the last 12 months or where vaccination against foot and mouth disease have not been carried out in the last 12 months:

- 2.1.1 Ultra high temperature treatment at 132 Celsius for 1 second; and /or
- 2.1.2 Pasteurised at 72° celsius for minimum 15 seconds or 60° Celsius for 30 minutes; and /or
- 2.1.3 Heat sterilized for 30 minutes at pressure of 15 lbs (100 kPa); and / or
- 2.1.4 An acidification process such that the pH value is lowered and kept below 6 for at least one hour.

3. Do not, to the best of my knowledge and belief, constitute any danger of introducing infectious or contagious diseases into Swaziland.

4. Are considered to be free from drug residues and harmful additives and are unconditionally passed fit for human consumption.

5. Have been processed, packed under hygiene conditions in an establishment No: ----- approved for export to Swaziland.

II Description of product:

- a) Cheese from (animal species):
- b) Type of product:
- c) Type of packaging:
- d) No. of packaging units:
- e) Net Weight (Kg):
- f) Name and number of approved establishment:
- g) Name and address of consignor:
- h) Name of consignee:
- i) Nature and identification of means of transport:

Done at ----- on -----

(Signature of the official veterinarian)

Official Stamp

Name in Print:

Tel No:

Fax No: