



REPUBLIC OF NAMIBIA

MINISTRY OF AGRICULTURE, WATER & LAND REFORM

APPLICATION FOR REGISTRATION FOR OSTRICH FARMING

Complete the following application accurately with full details as requested. Please note that this application is only applicable to those DOMESTICATED ostriches legally kept in capacity under intensively managed conditions.

Free roaming wild ostriches, not confined to small holding pens, are NOT to be included on this application form.

1. OSTRICH PREMISES TO BE REGISTERED:	
1.1 Particulars of premises where Ostriches are kept:	
Farm/Plot Name: (Please describe in detail, e.g portion X of farm Y, and attach map and location of premises.)	
Total size of Farm/Plot:	Hectare
Number of Farm/Plot:	
District:	
Telephone on Premises:	
Fax on Premises:	
Size of Premises where Ostriches are kept:	Hectare
Number of Camps (include in sketch of premises)	

1.2 Owner(s) of Premises	
Name(s) of registered owner(s): (Note: All owners must be named)	
Nationality:	
Residential Address:	
Registered Name of Company:	
Registered Number of Company:	
Registered Address of Company:	
Telephone Number Of Company:	Code: () No:
Fax Number of Company:	Code: () No:
Names of all Directors:	

Names of all Shareholders/Partners:	
Nationality:	

1.3 Managers(s) on Premises:	
Names(s):	
Postal Address:	
Telephone Number:	
Fax Number:	

2. OWNERSHIP OF OSTRICHES:	
(Full particulars of official owners [individual(s); company or partnership] of all domesticated ostriches on the premises)	
Name(s) of official owner(s): (Note: All owners must be named.)	
Postal Address:	
Residential Address:	
Telephone Number:	
Fax Number:	
Names of all Directors:	
Nationality	
Names of Shareholders/Partners:	
Nationality	

3. CURRENT NUMBER OF DOMESTICATED OSTRICHES ON PREMISES:						
3.1 Total number of domesticated ostriches on premises on date of this application:						
Months:	0-3	3-6	6-12	12-24	Adult Breeding Bids	
					Male	Female
3.2 Number and estimated ages of Breeding Females						
Years:	2-3		3-4		+4	
ORIGIN OF DOMESTICATED OSTRICHES:						
Provide full details of all domesticated ostriches currently on the Premises. (Documentary proof of origin to be provided upon inspection of premises.) Provide copy of current register.						

ANNEXURE A

Number of Ostriches:	Estimated Age in MONTHS:	Male:	Female:	Chicks:	Origin (Permit No + Full Particulars Of Origin)

IDENTIFICATION OF ALL DOMESTICATED OSTRICHES:

Attach copy of Ostrich identification register (Micro Chip/Tag Number: Sex and estimated Age.)

PROPOSED IDENTIFICATION CODE FOR PREMISES:

(Two digits minimum)

CAPACITY OF INCUBATOR ON THE PREMISES:

Number of Eggs:

ESTIMATED NUMBER OF NON-DOMESTICATED (WILD AND FREE ROAMING OSTRICHES) ON THE FARM:

Sub-Adult (<2 years)	Adult		Total
	Male	Female	

EXPORTS:

Is the farmer interested in exporting domesticated ostriches/eggs in the immediate future?

	YES		NO	
Should the farmer want to start exporting at a later stage, he/she has to contact Veterinary Services to organize the surveillance period (90 days) prior to export.				

I hereby declare that this application contains full information on all aspects requested herein and that all the information furnished in this application is true and correct.

SIGNED:

NAME:

CAPACITY:

DATE: