FORM A

MINISTRY OF AGRICULTURAL, WATER AND LAND REFORM

PRIVATE BAG 13184, WINDHOEK, NAMIBIA

APPLICATION FOR RENEWAL OF REGISTRATION OF AGRICULTURAL REMEDY

Name of Applicant _____

Registration No of Firm _____

Address _____

Telephone_____ Code-_____

E-Mail_____

REGNO	**REGISTERED NAME OF AGRICULTURAL REMEDY**

Fees payable

Renewals x **…….. =** N$ **600-00.** or **…….. N$ 600-00…….**
Late Renewal **N$ 750-00**

Date	**Initials and Surname**	**Signature Applicant**
…….	**…….**	**……..**

FOR OFFICIAL USE

This is to certify that the registration (s) of **……** listed on this Form A is/ are renewed , valid 31st March**……**

The registration (s) of that Stock Remedies whose production was / were sensed as indicated on the form B is /are cancelled on all records.

REGISTRAR: ACT 36 OF 1947 **DATE…….**

DECLARATION TO BE MADE IN PRESENCE OF A JUSTICE OF PEACE/COMMISIONER OF OATH

1. I hereby declare under oath/confirm that the particulars furnished in the preceding application in respect of the Agricultural Remedies concerned or any label which is being used in connection therewith, do not deviate in any manner whatsoever from the congruent particulars which have already been registered or approach in relation to the Agricultural Remedies of label.

……
Initials and Surname **Tel. No. ……**

…… **……**
Date **Signature of applicant**

2. I certify that before administering the oath/confirmation, I asked the deponent the following questions and wrote done his/her answer in his/her presence:

   a) Do you know and understand the contents of the abovementioned declaration? Answer **……**

   b) Do you have any objection to taking the prescribed oath? Answer **……**

   c) Do you consider the prescribed oath to be binding on your conscience? Answer **……**

3. I certify that the deponent has acknowledge that he/she knows and understands the contents of the declaration which was sworn to/ affirmed before me and the deponent's signature was placed thereon in my presence.

……..
JUSTICE OF PEACE/COMMISIONER OF OATH

DESIGNATION …… .FULL NAME ……

(print)

AREA …….. BUSINESS ADDRESS ……

DATE ……
FORM A

REGISTRATION HOLDER	

FORM B

NAME OF REGISTRATION HOLDER

List of Products of which the Manufacture / Sale are discontinued

REGISTRATION NO	REGISTERED NAME OF AGRICULTURAL REMEDY

Signature **Capacity** **Date**