

THE STANDARDS ACT

APPLICATION FOR REGISTRATION OF AN ESTABLISHMENT

Name of Establishment:.....

Address:.....

Telephone Number:.....WhatsApp Number:.....

Email Address:.....

Fax Number:.....

Full Name of Operator of the Establishment:.....

 Address:.....

 Telephone Number:.....

List of Product (s) Manufactured:.....

.....

.....

Brands of Product(s) Manufactured.....

.....

.....

Product size(s) :.....

Has the Establishment been operated before?: Yes: No:

 If so, state (a) Last date (or period) of operation:.....

 (b) For what purpose:.....

.....

.....

Signature of Operator of Establishment.....

Date.....

FOR OFFICIAL USE ONLY

Job Number:		Finance Stamp:
Establishment Assigned to:		
Name and Signature of Assignee:	Date:	
Cost of Registration of an Establishment prepared: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Registration Period Recommended:		
Name and Signature of Recommender:	Date:	
Reference Number for Certificate of Registration:		
Name and Signature of Assignee:	Date:	