

DOKUMENT VAN IDENTIFIKASIE / DOCUMENT OF IDENTIFICATION

WET OP VEEDIEFSTAL WET 57/1959: STOCK THEFT ACT, ACT 57/1959

DOKUMENTE VAN IDENTIFIKASIE / DOCUMENT OF IDENTIFICATION ART/SEC 6

VERWYDERINGSSERTIFIKAAT / REMOVAL CERTIFICATE ART / SEC 6

www.andrekocklimpopo.co.za**EIENAAR / OWNER:**

Van / Surname: _____
 Vrl / Init: _____
 ID Nr: _____
 Plaas / Farm: _____ (AKTE NR)
 Fisiese Adres /
 Physical Address _____
 Tel No: _____

Lewer aan / Deliver To: _____
 Veilingpunt / Location: _____
 Plaas / Farm: _____

Andre Kock & Seun: _____
 (Handtekening / Signature)

VOERTUIG REG & MODEL / VEHICLE REG NO & MODEL: _____

VOERTUIG BESTUURDER HANDTEKENING / VEHICLE DRIVER SIGNATURE: _____

BESONDERHEDE VAN VEE / STOCK PARTICULARS				
HOEEVELHEID QUANTITY	RAS BREED	GESLAG SEX	KLEUR COLOUR	BRAND, OOR EN ANDER MERK BRAND, EAR AND OTHER MARKS

**BTW GEREISTREERD
VAT REGISTERED**

JA / YES

NEE / NO

BTW NR/NO:
_____**Ek sertifiseer hiermee dat:**

Die vee my eiendom is, dat ek behoorlik deur die eienaar daartoe gemagtig is om oor die vee te beskik, die vee nie afkomstig is van 'n bek-en-klouseer area nie en dat Andre Kock & Seun Limpopo, met ontvangs, gemagtig word om die vee op skut te plaas in skutkraal.

I hereby certify that:

The stock is my property, that I am duly authorized by the owner to deal with the stock or dispose of it, which the stock does not originate from the foot-and-mouth disease area and that Andre Kock & Son Limpopo, on receiving, is authorized to present the stock on sale to be sold.

Datum uitgereik / Date issued:

Handtekening / Signature:
 (EIENAAR / OWNER)

VEEVERWYDERINGSSERTIFIKAAT – LIVESTOCK REMOVAL CERTIFICATION

Uitgereik ingevolge Artikel 8 van die Wet op Veediefstal, Wet No 57 van 1959

Issued in term of Article 8 of the Stock theft Act, Act No 57 of 1959

	NAME & SURNAME	PHYSICAL ADDRESS	ID NUMBER	CELL NUMBER
CERTIFICATE ISSUED BY				
DUTY AUTHORIZED				

Gee hiermee toestemming aan: _____ ID NUMBER _____
 Hereby grant permission to: (Naam van aanjaer/voertuigbestuurder / Name of drover/vehicle driver) Tel No: _____

Om die bogenoemde lewendehawe volgens Artikel 6 dokumente namens die eienaar te ontvang en te vervoer / aan te jaag
 To take possession and to transport/drove the above-mentioned livestock according to the Article 6 document on behalf of the owner

Vanaf / From: _____ Na / To: _____

Datum van uitreiking / Date of issue _____ Ontvang deur / Received by _____

 Handtekening van uitreiker / Signature of issuer
 (EIENAAR/OWNER)

 Handtekening / Signature
 (TRANSPORTEERDER/ TRANSPORTER)

WE REQUIRE HEALTH INFO TO THE BEST OF YOUR KNOWLEDGE.

I, the owner of the presented animals, declare that as far as I know, my animals are free from diseases intended in act 35 of 1984.

OWNER / REPRESENTATIVE

DATE

To accept animals at the auction pens we need info on the health status of the animals and the farm of origin.

The Vet at the auction facility needs correct info and that is why this health attestation is important.

The info can be of your personal work, from the local state vet, private vet or district animal health technicians.

1. We need to know if any diseases were diagnosed on the farm of origin in the last 30 days.

(Please provide date if possible) _____

DISEASE	YES/NO OR?	DATE:
1. BRUCELLOSIS		
2. TUBERCULOSIS		
3. PARATUBERCULOSIS		
4. INFECTIOUS BOVINE THINOTRACHEITIS		
5. LEPTOSPIROSIS		
6. BLUETONGUE		
7. TRICHOMONAS FOETUS		
8. CAMPYLOBACTER FOETUS		
9. ENZOOTIC BOVINE LEUCOSIS		
10. RABIES		
11. LUMPY SKIN DISEASE		
12. RIFT VALLEY FEVER		
13. BOVINE VIRAL DIARRHEA		
14. FOOT & MOUTH DISEASE		
15. SHEATH WASHES- TRICHOMONAS/CAMPYLOBACTER		
16. LEUKOSIS		
17. OTHER		

2. Since when were animals kept on farm of origin _____

3. When last were any new animals introduced on farm of origin _____

If YES, explain: _____

4. Is the farm correctly under quarantine: YES / NO?

Hereby I, _____, (herd health vet / Bio security officer), declare that I examined the above-mentioned animals and that the animals were clinically healthy and clinically free from any clinical signs of foot and Mouth disease.

HERD HEALTH VET/ BIOSECURITY OFFICER SIGNATURE

DATE

Hereby I, _____, as the owner / representative of the owner, declare that I examined the above-mentioned animals and that the animals were clinically healthy and clinically free from any communicable disease.

OWNER / REPRESENTATIVE

DATE



PLEASE CONFIRM YOUR BANKING DETAILS:

ACCOUNT HOLDER: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

BRANCH NAME & NUMBER: _____

ADDITIONAL INFORMATION:

