



Date

Red Cross Ref No. (filled in by Permit Officer)

**Application for a Permit to Move Animals from WITHIN the Foot-and-Mouth Disease Management Area.**

In terms of the Animal Disease Act, 1984, as amended, and subject to the conditions specified below, the following applicant and associated details refer.

Name and Surname:

Farm Name:

Email Address:

Postal Address:

GPS Coordinates of Farm of Origin:  S  
 E

Local Municipality:

District Municipality:

Name of Abattoir:

GPS Coordinates of Abattoir:  S  
 E

Registration number of vehicle moving animals:

**Conditions:**

**Prohibition on the movement of animals, animal products and genetic material except on authority of a permit in certain areas.**

4. No cloven-hoofed animals, animal products derived from cloven-hoofed animals or genetic material of cloven-hoofed animals may not be moved from, to or within the Disease Management Area of the Eastern Cape Province except under the authority of a State Veterinary permit contemplated in Regulation 20 (1) of the Regulations and in compliance with the conditions of such permit.

