



Matsapha Town Board

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APPLICATION FOR CONDEMNATION OF FOODSTUFFS IN TERMS OF THE PUBLIC HEALTH (FOOD HYGIENE) REGULATIONS 1973, PART V, 40

APPLICANT'S COMPANY PROFILE

APPLICANT: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: STREET: _____ LOT No.: _____

BUILDING NAME.: _____ OFFICE/SHOP No.: _____

TELEPHONE No.: BUSINESS No.: _____ CELL: _____

EMAIL ADDRESS: _____

DATE APPLICATION FILED: ____/____/____

FULL APPLICANT'S NAME: _____ SIGNATURE: _____ (Of person filling this Form)

ITEMS FOR CONDEMNATION

PRODUCT & BRAND	DATE STOCK RECEIVED	SIZE (mass or volume)	QTY/UNIT	CONDITION	REASON FOR CONDITION
TOTAL					

APPLICATION PROCESSING FEE

(Refer To Service Charges Bye-Laws)

TOTAL AMOUNT IN KG: _____ DATE: ____/____/____

AMOUNT CHARGED: _____

RECEIPT No.: _____

