

**APPLICATION FOR IMPORT LICENCE FOR WATER OR MILK
PUBLIC HEALTH ACT, SECTION 143
MILK REGULATIONS REG.4**

Name of Applicant:	
Address:	
Billing Address:	
Date submitting sample:	
Full name of product:	
Full description of sample according to label:	

Please proceed to analyse the abovementioned sample at my expense and invoice me accordingly.

Signed:	
Name in block letters:	
Capacity:	

Date:.....