Enquiries: RN Admin : 021-015 5511 radionuclides@sahpra.org.za

 Please quote your file number
 in all correspondence ⇨

 **File no.: Authority no: \_ \_ / \_ \_ \_ \_**

Complete this form in *legible* block letters & submit it ***to the above email address***. This confirmation is not required from distributors who submit the same information & documents with their monthly reports.

A: Details of applicant *(Please refer to page 1 of your authority for this information.)*

|  |
| --- |
| Name of legal entity (RSA-registered company, government department, hospital, partnership, trust, etc. *or* natural person): |
| Section, department, branch or practice  |
| 🕿: Fax: |
| Email: |

B: Transaction completed

|  |  |  |
| --- | --- | --- |
| Yes | No | Only some\* |
| Yes | No |  |
|  |  | Yes | No |

1. All the sources listed on the import authority have been received:
2. The customs clearance note(s) SAF500 is/are attached:
3. Copy/ies of original calibration certificate(s) for sealed source(s) is/are attached:

4. Comments:

C: Transaction not completed

|  |  |
| --- | --- |
| Yes | No |

1. The transaction was cancelled:

|  |  |
| --- | --- |
| Yes | No |

1. The import authority expired before the transaction was completed:

|  |  |
| --- | --- |
| Yes | No |

1. Importer requests renewal of the import authority:
2. Comments:

D: Declaration (by authority holder: CEO / owner / RPO)

|  |
| --- |
| I, (PLEASE PRINT): hereby declare that the information supplied is to the best of my knowledge true and correct. |
| Signature: | Date: |
| Designation:  |

\* State how many were received. Use the comment space for details.