



agriculture,
forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES

FORM B
COMPLAINT FORM FOR UNREGISTERED PEST CONTROL OPERATOR

(FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES, STOCK REMEDIES AND PEST
CONTROL OPERATORS ACT, 1947
(ACT NO. 36 OF 1947))

Name of complainant: _____
Postal Address: _____
Contact details: _____

| TYPE OF COMPLAINT/ DESCRIPTION | NAME OF THE ALLEGED OFFENDER/ ACCUSED | PHYSICAL ADDRESS | CONTACT NO./E-MAIL | ALLEGED REGISTRATION NUMBER |
|--------------------------------|---------------------------------------|------------------|--------------------|-----------------------------|
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(Kindly attach invoice/receipt if available)

FOR OFFICIAL USE ONLY

This is to certify that Inspection Services have received a complaint form from a complaint and issued an acknowledgement letter within 24 hours.

Checked: _____ Date: _____

HEAD: INSPECTION SERVICES UNDER ACT NO. 36 OF 1947