

HEALTH CERTIFICATE

Exporting Country: REPUBLIC OF SOUTH AFRICA	Certificate Nr: 5334/ Permit Nr: Farm:
Name and Address of Issuing Authority: NATIONAL REGULATOR FOR COMPULSORY SPECIFICATIONS , PO BOX 36558, CHEMPET, CAPE TOWN, 7442 Tel. No.: (021) 526 - 3400 Fax No.: (021) 526 - 3451	
I. Identification of the Product	
Description:	Scientific name:
State or Type of processing:	Trivial name:
Nature of packaging:	Animal Type:
Trade name (if applicable):	Area from which product originated (caught/cultivated):
Number of pieces or packages per batch code, (add a code list if space is inadequate): Total net mass (weight):	Means of Transport: (Vessel or Flight No.) ETD:
Batch code:	
II. Origin and provenance of the products	
Name and Address of the Processor or Packer:	Name and Address of Exporter (Consignor):
Registered Establishment Number:	Place of dispatch
Country of Destination:	Name and Address of Consignee:
III. Results of Microbiological inspection: * <u>Vibrio cholera</u> : NEGATIVE * <u>Salmonella</u> : NOT DETECTED * Salmonella : NOT DETECTED * Standards : NOT DETECTED * Other: Vibrio Parahaemolyticus : NEGATIVE Name and Address of Microbiological Test Laboratory: MICROBIOLOGICAL SECTION, SOUTH AFRICAN BUREAU OF STANDARDS (PO BOX 615, RONDEBOSCH CAPE TOWN, 7701)	
IV. Name of Official Inspector (name of inspector that took samples/performed inspection):	Date of Inspection:
 V Health Attestation 1) The product was handled, processed and storaged under good hygiene and good manufacturing procedures. 2) Marine molluscs or crustaceans were collected or kept in an approved area. 3) Microbiological monitoring indicated absence of <i>cholera vibrios</i>. 4) Marine molluscs do not contain the following substances in amounts that may be harmful or injurious to health and is permitted to be sold as food for human consumption in the Republic of South Africa: (a) Biotoxins (b) pesticides (c) toxic trace metals (d) antibiotics or other veterinary drug remedies. (e) Beta-agonists (f) Nitrofurans and its metabolites (g) Chloramphenicol 	
Name of Signatory (Inspector issuing certificate):	Position:
Signature:	Date:
Official Stamp:	Signed at: MONTAGUE GARDENS

BF 152E.TAIWAN.MARCH. 2018