

**APPLICATION FORM FOR REGISTRATION OF DEALERS, AGENTS AND BROKERS
OF DAY OLD CHICKS AND HATCHING EGGS**

1. Hereby apply for registration as a in accordance with the Animal Disease (Hatcheries and Breeder Flock Farms) Regulations, 2019.
2. Name of Applicant
3. Full name(s) of Partners! Directors
4. TIN No: (copy attached); Postal address
5. Mobile phone No:..... Email
6. Plot No. Street, Village, Ward District Region
7. Type of product 8. Business license No
8. I/We shall adhere to relevant legislation for protecting hatching eggs and Day old chicks DOCs.

Name **Signature** **Date**

FOR OFFICIAL USE ONLY

Registration has been granted/not granted due to the following reasons:

.....

.....

.....

.....

An Applicant granted Registration No

Approved by (*name*), Signature

For Director of Veterinary Services