

## Application for the registration of a chemical disinfectant formulation

In terms of the Compulsory Specification for chemical disinfectants (herein referred to as VC8054:2017) as published by Government Notice No. 1119 (Government Gazette No. 41186) of 20 October 2017.

NRCS use only

Technical file No.: \_\_\_\_\_ Date registered: \_\_\_\_\_

*NOTE This form shall be completed in full for each chemical disinfectant formulation.*

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<b>Part A: Applicant's details</b>	
Applicant's name:	
Applicant's company registration No.:	
Contact person:	Position in company:
Tel. No.:	Mobile No.:
E-mail:	
<b>Part B: Importer's details</b>	
Importer's name:	
SARS Importers Code:	
Postal address:	
Physical address:	
<b>Part C: Manufacturer's details</b>	
Manufacturer's name:	
Postal address:	
Physical address:	
<b>Part D: Formulation-identifying information on product label</b>	
Full name of manufacturer, producer, proprietor, controlling company or trade mark holder:	
Formulation-identifying name or brand name:	
Area of application <sup>1</sup> :	<input type="checkbox"/> Industrial, domestic and institutional areas <input type="checkbox"/> Food areas <input type="checkbox"/> Medical areas
Spectrum of activity:	<input type="checkbox"/> Bactericidal <input type="checkbox"/> Fungicidal <input type="checkbox"/> Yeasticidal <input type="checkbox"/> Sporocidal <input type="checkbox"/> Virucidal
Active ingredient(s):	
Name of active ingredient	% concentration

<sup>1</sup> As defined under paragraph 2.2.3 of VC8054:2017.

**Part E: Management declaration**

I hereby certify for and on behalf of the applicant that the information as contained in this application and accompanying product technical file is complete and correct in all respects, and is representative of the chemical disinfectant formulation submitted for registration.

Signature:

Name:

Position in company:

Date: