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Meatco Inspection Centre
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Walvis Bay Inspection Centre
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Tel: +264 63 203 698

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APPLICATION FOR REGISTRATION

(Complete application in BLOCK letters)

1. CUSTOMER DETAILS

Company Name:

Physical Address:

Postal Address:

Full Names of Company Directors (including ID / Passport numbers):

TO BE COMPLETED FOR VESSEL REGISTRATION

Vessel Name:

Holding Company:

Postal Address:

Physical Address:

Port of operation:

Namibian Standards Council (NSC) members

Prof. Martha Kandawa-Schulz, Chairperson | Mr. John Ali Ipinge, Member |
Ms. Rosa Katjivena, Member | Ms. Ainna Kaundu, Member | Mr. Milton Louw, Member | Mr. Axel Tibinyane, Member |
Dr. Penny Hiwilepo-van Hal, Member | Mrs. Concepcion Wasserfall, CEO (Member, Ex-Officio) |
Ms. Cynthia Anyanwu, Legal Advisor and Company Secretary

Established by Section 2 of the Standards Act, 2005 (Act No. 18 of 2005)



2. LISTING WITH INSPECTION CENTRE

TICK APPLICABLE BOX:

Ice Vessel CSW Vessel RSW Vessel

Factory Vessel Freezer Vessel Land based Establishment

Cold Store

3. EU Listing on EU Approved Establishment List? YES NO

4. Processing activities and/or complete product descriptions:

5. PLEASE INDICATE COMMERCIAL NAME OF PRODUCTS TO BE PROCESSED AND THEIR SCIENTIFIC NAMES. (INDICATE WHICH SPECIES WOULD BE FROM AQUACULTURE):

COMMERCIAL NAME	SCIENTIFIC NAME

6. PLEASE INDICATE WHAT IS APPLICABLE:

Levy Payer (includes Land based establishment, Factory & Freezer Vessels)

Non-Levy Payers (including Agents):

7. CONTACT DETAILS:

a. Management Representative: _____

Telephone Numbers: _____ Facsimile: _____

Email: _____

b. Quality System Representative: _____

Telephone Numbers: _____ Facsimile: _____

Email: _____

c. Accounts Representative: _____

Telephone Numbers: _____ Facsimile: _____

Email: _____

DISCLAIMER:

I the undersigned hereby apply for the registration of my establishment/product/certification services as indicated above and declare that the particulars furnished are to the best of my knowledge and correct in all respects.

8. COMPLETED BY:

NAME: _____ SIGNATURE: _____

DATE: ___/___/_____

CAPACITY: _____

FOR OFFICE USE ONLY		
1. Establishment Number: _____		
2. Attach copy of NSI approval (Compliance to required Food Safety System")		
3. NSI Credit Application Completed and Forwarded to Finance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Levy procedure explained and return book provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Application Received by:		
NAME: _____	SIGNATURE: _____	DATE: ___/___/_____