

**APPLICATION FORM FOR REGISTRATION OF A SLAUGHTER  
FACILITY**

TO: The Director of Veterinary Services,  
Magufuli City,  
Mtumba area,  
P.O.Box 2870,  
**40487 DODOMA.**

In accordance with the provisions of regulation 5 of Ante and Post mortem inspection regulations, 2007,

I/We .....

of (Postal address) .....,

do hereby apply for registration of the slaughter facility situated

at .....

I enclose the approved slaughter facilities design by the Local Authority and receipt for application fee.

Applicant signature ..... Date .....

Certified by District Veterinary Officer for .....

Name .....

Signature..... Date .....