

	DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES DIRECTORATE ANIMAL HEALTH
	<b>MONTHLY SALES RECONCILIATION FORM – LIVE CHICKEN  SALE – LIVE CHICKEN TRADERS</b>
DIRECTORATE:	ANIMAL HEALTH

## Monthly Reconciliation Details

Month.....Year.....

Name of the Trader/Company		
Registration Number of Company(If applicable)		
ID Number/Passport Number of trader		
Number of chickens purchased for the month		
Number of chickens sold for the month		
Number of chickens unsold		
Did any of the chickens die? How many? If so describe the signs of illness seen.		

The Poultry Disease Management Agency is authorised by the Department of Agriculture Forestry and Fisheries to register chicken traders and commercial producers in respect of the sale of chickens

Purchase	Number of birds sold/distributed	Distribution	
		Town (Nearest Town)	Province

**Note: This form must be filled in by traders of live birds and submitted on a monthly basis to the depot or farmer. The farmer/depot is requested to forward the completed forms and any other information required in respect of this registration to [info@pdma.co.za](mailto:info@pdma.co.za) alternatively [malesedi@sapoultry.co.za](mailto:malesedi@sapoultry.co.za). For enquiries contact Malesedi on 012 529 8298. Note chickens should not be issued if this form is outstanding. If the trader buys from more than one depot/farmer they should contact the enquiries number for a proof or receipt.**

I hereby acknowledge that the sale of live chickens is subject to a health declaration. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with the Poultry Disease Management Agency.

Signed by: ..... Date:.....

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