

Ministry of Health

Requirements for Health Clearance Permits for Imports, Transits and Exports

- 1. Application letter addressed to the Permanent Secretary
- 2. Application letter details
 - a. Date of applying
 - b. Postal Address of the applicant or business place
 - c. Physical address of the business premise
 - d. Name of the applicant / signature
 - e. contact numbers in case of inquiries
 - f. Trade and Common name of the food article(s) intended to be imported or exported
 - g. Quantities to be imported or exported for one year (reduced to six months for monitoring purposes) indicate packaging unit as well
 - h. Country of Origin (Manufacturing and Exporting)

3. Attachments

- a. If possible, a manufacturers' health / safety manual for the product in question. A label in English.
- b. A certificate of analysis from the food safety laboratory or manufacturer's analysis report for Microbiological and Chemical Analysis.
 - 3 b.1 For meat and fish to include tests for formaldehyde and heavy metals
 - 3 b.2 For Grains (Rice / Maize (Corn) and its products Microbiological Analysis to include moulds and Aflatoxins for chemical)
- 4. b. 3 Fresh produce chemical analysis for (pesticides and heavy metals)
 - a. Food and Drugs Control Laboratory analysis (for local analysis)
 - b. Label to language to include English and the list of ingredients to be presented by percentage
 - c. Method of preservation to be included
- 5. Health clearance permit from the exporting country Kindly refer to the Food and Drugs Act Cap 303, Biosafety Act No. 10 of 2007 that regulates GMOs of the laws of Zambia for standards which can be down loaded on the National Assembly web site go to the laws of Zambia, Volume 17, and Public Health.



REPUBLIC OF ZAMBIA MINISTRY OF HEALTH

		Certificate A				•		-		
		tion:								
	2. Period being applied for:									
	3. Name of the applicant (person/ company):									
	4. Address of the applicant:									
5. Phone / Email Address of the applicant:										
	6. Purpose of the goods being imported: Personal consumption/ ingredients/									
	Commercial:									
	7. Country of origin:									
	8. Country of manufacture:9. Name of the Distributor:									
	10. Amount intended to be imported/ exported per six month:									
	11. Amount intended to be imported/ exported per six month									
	12. Fill in the table below: or print and attach.									
S/N	Name/tr	Quantity	Identif	Countr	Expiry	ISO	Tempe	Names		
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	product	consignme	ner				vation			
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13.	-	ments (marl	•	. Г						
		s certificate	•		a of orig	in. \Box				
	13.2 Health clearance certificate from the country of origin:									
13.3 Indicate the form of transport: 13.4 Conditions of transport / storage:										
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_	al Use Only	αποιτέσα αρμ		••••••	••••••	•••••	•••••	••••••		
Applicatio	Application Received by: Name/ Sign/Title									
Applicatio	n Checked b	ov: Name/ Sig	gn/Title .			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••		
Application	n Approved	nded by: Nar by: Name/S	ign/Title	iiue		••••••	••••••			

Identification of food products as described below (kindly indicate some of the items on No.15

S/N	Name/tr ade name of the product	Quantity to be imported per consignme nt	Identif ication of the Contai ner	Countr y of Origin	Expiry date	ISO COD E	Tempe ratures for preser vation	Names of ingredie nts
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