



WEST RAND DISTRICT MUNICIPALITY



ANNEXURE B [Regulation 3(5)(a)(i)] CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

This COA shall not be transferable from premises to premises;

A. ISSUING LOCAL AUTHORITY:

WEST RAND DISTRICT MUNICIPALITY	MUNICIPAL HEALTH SERVICES FIRE STATION, C/N PAARDEKRAAL & COMMISSIONER STREET KRUGERSDORP TEL: (011)411-5235	CERTIFICATE No: MOG74/23/FP FILE/REF: 12/10/1	
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B. FOOD PREMISE

NAME	ECO WRAP MANUFACTURERS
ADDRESS 1 (Location or trading area, erf No. or vehicle registration no)	17 ASCHENBERG STREET CHAMDOR KRUGERSDORP
ADDRESS 2 (Where food is processed)	
TYPE OF FOOD PREMISE (Brick building/caravan/etc...)	BRICK BUILDING

C. PERSON IN CHARGE

NAME	VIMAL GOWAN
I.D. NUMBER / PASSPORT NUMBER	7310165224086
TEL NO	0721972667

D. VEHICLE(S) TRANSPORTING PERISHABLE FOOD / PREPACKED FOOD [Regulation 3(1)(a) & 14(6)(a)]

NAME OF COMPANY (if any)	
NAME OF OWNER/ PERSON IN CHARGE	
PHYSICAL ADDRESS (Location or Trading Area and stand no.)	
AREAS WHERE FOOD IS TO BE TRANSPORTED:	
VEHICLE 1: REGISTRATION NUMBER	
VEHICLE 2: REGISTRATION NUMBER	
VEHICLE 3: REGISTRATION NUMBER	

E. NATURE OF HANDLING (List and describe what the activities will entail (e.g. preparation, packing, and/ or processing))

PREPARATION AND SELLING

F. CERTIFICATION AND RESTRICTION

It is hereby certified that the above-mentioned food premises comply with the provisions of regulations 5 and 6 made by Government Notice No R.638 of 22 June 2018 in respect of PREPARATION AND SELLING (the handling of food in the manner specified).

Restrictions, conditions or stipulation in terms of regulation 3 (1)(b)
This Certificate of Acceptability shall be valid only in respect of the nature of handling set out in the application for a Certificate of Acceptability;
This Certificate of Acceptability shall not be transferable from one person to another person or from one food premises to another food premises;
This Certificate of Acceptability may be endorsed by a Local Authority by – the addition of any further restrictions that may be necessary to prevent a health hazard.

G. SIGNATURE OF INSPECTOR (EHP)

OFFICIAL DESIGNATION:	NAME:	HPCSA No.:	SIGNATURE:	DATE:
EHP	D HLABYAGO	HI0037311		31/08/2023

H. APPROVED BY

OFFICIAL DESIGNATION:	NAME:	HPCSA No	SIGNATURE	
ACTING CHIEF	R GORDON	HI0051926		31/08/2023

I. ENDORSEMENTS / EXEMPTIONS in terms of regulation 14(1)

NONE	DATE	SIGNATURE OF INSPECTOR

This Certificate shall be displayed in a conspicuous place for the information of the public on the premises in respect of which it was issued.