

Certification of Natural Wine Imported into the United States
Name (print or type)


1. Producer name and address: **AFRICAN TERROIR**
P.O. Box 2029
WINDMEUL 7630 PAARL SOUTH AFRICA

2. Description of wine: **Western Cape Chenin Blanc 2011**
Please indicate alcohol content: **12.5% white wine**

3. Check applicable box:
a. Producing country certification and laboratory analysis results completed below.
b. Self-certification by importer completed below. An importer must be able to demonstrate the nature of the ownership or control as well as the nature of any affiliation.

4. Certification - I certify that the practices and procedures used to produce the wine described in block 2 constitute proper cellar treatment under 26 U.S.C. 5382 and 27 CFR 27.140.

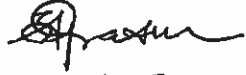
Name and address of certifying entity: **AFRICAN TERROIR**
(Address as above)

Authorized signature: 

Name (print or type): **STEPHANEWE**

Date (DD/MM/YY): **21.05.2011**

6. Analysis for wine described in block 2

Percentage alcohol (actual) by volume: _____ Signature: 
Total sulphur dioxide (ppm): **90** Name (print or type): **L. ERASMUS**
Volatile acidity (grams per 100 mL): **0.07** Date (DD/MM/YY): **31 MAY 2011**

Name and address of laboratory:
AFRICAN TERROIR
(Address as above)

AFRICAN TERROIR
SOUTH AFRICA
P.O. Box 2029, Windmeul, 7630
Tel: +27 21 869-8103
Fax: +27 21 869-8104
E-mail: office@afrikan-terroir.za

8. TTB label approval identification number (required if certification is submitted subsequent to label approval):

Certification of Natural Wine Imported into the United States

1. Producer name and address: **AFRICAN TERROIR**
P.O. Box 2029
WINDMEUL 7630 PAARL SOUTH AFRICA

2. Description of wine: **Western Cape Pinotage 2011**
Dark Red wine

3. Check applicable box:
a. Producing country certification and laboratory analysis results completed below.
b. Self-certification by importer completed below. An importer must be able to demonstrate the nature of the ownership or control as well as the nature of any affiliation.

4. Certification - I certify that the practices and procedures used to produce the wine described in block 2 constitute proper cellar treatment under 26 U.S.C. 5382 and 27 CFR 27.140.

Name and address of certifying entity: **AFRICAN TERROIR**
(Address as above)

Authorized signature: 

Name (print or type): **STEPHANE DE SAINT SAVY**

Date (DD/MM/YY): **21.05.2011**

6. Analysis for wine described in block 2

Percentage alcohol (actual) by volume: _____ Signature: 

Total sulphur dioxide (ppm): **85** Name (print or type): **L. ERASMUS**

Volatile acidity (grams per 100 mL): **0.07** Date (DD/MM/YY): **31 MAY 2011**

Name and address of laboratory:

AFRICAN TERROIR
(Address as above)

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