



Pesticides & Toxic Chemicals Control Board License to Import Application Form

No. _____

FOR COMPLETION BY IMPORTER OR REPRESENTATIVE

| | | |
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| Date of Application: ___/___/___ dd mm yy | Name of person preparing application: _____ (PLEASE PRINT) | Signature: _____ |
|--|--|------------------|

| | | |
|--|-----------------------------------|----------------------|
| Declared name of consignee (IMPORTER): _____ | Name of company (IMPORTER): _____ | |
| Street Address: _____ | | |
| Tel No: _____ | Fax No(s) _____ | Email address: _____ |

| Commodity/ Item | Active Ingredients | Quantity & package size(s) | Manufacturer's name and address | Supplier's name and address | Storage address |
|-----------------|--------------------|----------------------------|---------------------------------|-----------------------------|-----------------|
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Kindly note that applications for License for consignments must be accompanied by valid list, purchase order, invoice &/or order form for said consignment.

FOR OFFICIAL USE ONLY

| | | |
|--|-------------------------|--|
| Date of Processing: _____ Name of authorizing officer: _____ (please print) Signature of authorizing Officer: _____ | <i>(Official Stamp)</i> | Application approved ___ Application denied ___ (please tick one) Additional comments (incl. any reasons for denial): _____ _____ _____ _____ |
|--|-------------------------|--|

IMPORTANT NOTE!

Kindly complete carefully and submit to the Pesticides & Toxic Chemicals Control Board Secretariat at least **TWO WEEKS PRIOR** to placement of consignment order. **FAILURE TO FULLY COMPLETE APPLICATION FORM MAY RESULT IN DELAYS IN PROCESSING OF THE APPLICATION(S)**