**FORM 6**

**APPLICATION FOR RE-REGISTRATION OF A PESTICIDE OR TOXIC CHEMICAL**

**PESTICIDES AND TOXIC CHEMICALS ACT, 2008**

1. Name of Applicant:

2. Address of Applicant:

3. Proprietary name of pesticide/toxic chemical:

4. Registration Number:

6. Physical form of pesticide/toxic chemical:

7. Packaging (containers and size):

8. Full name of manufacturer:

9. Address of manufacturer:

10. Proposed use of pesticide/toxic chemical:

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
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FOR OFFICIAL USE ONLY

TO BE COMPLETED BY THE REGISTRAR

Date registered or refused by Authority ________________________________

Registration Number ________________________________

Reason for refusal ________________________________

______________________________________________________

______________________________________________________

Signature of Chairman/Registrar ____________________________

Date