



**FORM 6**

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

**PESTICIDES AND TOXIC CHEMICALS ACT, 2008**

1. Name of Applicant:

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2. Address of Applicant:

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3. Proprietary name of pesticide/toxic chemical:

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4. Registration Number:

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6. Physical form of pesticide/toxic chemical:

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7. Packaging (containers and size):

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8. Full name of manufacturer:

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9. Address of manufacturer:

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10. Proposed use of pesticide/toxic chemical:

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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