

Dated:....

Address of the company

APPLICATION FOR A PHYTOSANITARY CERTIFICATE

Common / Botanical Name:

Address of the company

Date consignment is to be exported:
I want inspection to begin date date
Location of address of the site where treatment is to be given (or) treatment due if
any:
Additional declaration required by importing country (if any)
Thanking you,
Months sisonified view of the sign of the

FOR OFFICIAL USE ONLY

NRC or Identity No:

Name:

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File reference	Inspected by
Treatment	Chemical and dosage
Duration and Temperature	Amount incurred
Date inspected	
Other declaration	Mb. and description of paid/ages.
Recommendation and remarks:	SignatureSignature