

FIJI MAFF QUARANTINE SERVICE

PLANT & PLANT PRODUCTS IMPORTATION
APPLICATION FORM

1. IMPORTER:.....
2. ADDRESS (a) POSTAL:.....
(b) RESIDENTIAL:.....
© TEL NO: (d) FAX NO:
3. COMMODITY/ITEM TO BE IMPORTED
(a) COMMON NAME:..... (b) BOTANICAL NAME:.....
(c) QUANTITY :.....(d) VARIETY (IES).....
4. HAS THE COMMODITY GONE THROUGH ANY PROCESS? IF YES DESCRIBE IN
DETAIL:.....
5. PURPOSE FOR THE IMPORTATION:.....
(IN DETAIL-USE SPACE BELOW OR ADDITIONAL PAGES)
6. COUNTRY OF ORIGIN (PRODUCT GROWN IN).....
7. ARRIVING VIA (IF APPLICABLE).....
8. (a) SUPPLIER/EXPORTER/CERTIFIED NURSERY.....
(b) ADDRESS.....
(c) FAX NO..... TEL NO:
9. MEANS OF CONVEYANCE.....
10. PORT OF ENTRY IN FIJI
11. EXPECTED DATE OF ARRIVAL.....
12. ANY OTHER INFORMATION RELEVANT TO THE IMPORTATION:.....
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I HEREBY CONFIRM THAT ALL THE INFORMATION SUBMITTED ABOVE IS CORRECT

NAME :

SIGNATURE :

DESIGNATION:

ORGANISATION:

DATE :