APPLICATION FOR PHYTOSANITARY INSPECTIONS OF PLANTS, INCLUDING PROPAGATION MATERIAL AND PLANT PRODUCTS, INTENDED FOR EXPORT



The Director

Directorate Agricultural Products Inspection Services Tel: (012) 319-6113/6123/6272/6066

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# Pretoria

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I hereby apply for inspection on plants, and/or plant products, intended for export and which are listed below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **KIND** | **VARIETY** | FARM WHERE PLANTED | | **UNIQUE LANDCODE** | **DATE/S PLANTED** | **AREA PLANTED**  **(HA)** | **INTENDED IMPORTING COUNTRY** |
|  |  | **NAME** | **DISTRICT** |  |  |  |  |
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* **A locational map of the farm, as well as the specific position on the farm, must accompany this application.**
* **Phytosanitary requirements of the importing country’s plant health authority where applicable, must accompany this application.**

Name of the grower:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the exporter (applicant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Block letters) (Block letters)

Telephone number of grower:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal address of exporter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of the grower:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(a) Person responsible for phytosanitary field inspections:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Person responsible for the production:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel no of this/these person/s – Office hours:(a) (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ After hours: (a) (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_