



agriculture, forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

Directorate: Inspection Services

Office:

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Tel.: Fax:

E-mail:

Application for the issuing of a phytosanitary certificate

PLEASE NOTE: Completed application, ACCOMPANIED BY AN IMPORT PERMIT OR OFFICIAL IMPORT REQUIREMENTS OF THE IMPORTING COUNTRY and all relevant documents, must reach this directorate **48 hours** before required inspection. Exporter or authorised agent to complete this form; consignment to be exported within 14 days after certification. The phytosanitary certificate is only valid for **14 days**. Please collect documents within **3 days** of applying.

I (full names and surname) of (company name)

(physical address)

hereby apply on behalf of the exporter (name/firm name)

for the issuing of a phytosanitary certificate at (inspection address)

If inspection was done, inspection report and number

on (date) at (time)

Please indicate firm that will be liable for the inspection fees/phyto/invoice Agent Exporter

Postal address for the above

Signature of applicant Date of applying

Tel. Fax Cell

E-mail address

Person collecting phyto Company Cell

PARTICULARS OF CONSIGNMENT

IMPORTING COUNTRY

Name and address of exporter

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Name and address of consignee

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Number and description of packages

Distinguishing marks/Lot no.

Place of origin Port of entry

Means of conveyance (mark with X) Air Mail Passenger Rail Road Sea

Name of produce, purpose, mass and quantity declared

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Botanical name(s) of plant(s)

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DISINFESTATION AND/OR DISINFECTION TREATMENT

Important: Treatment to be confirmed by either supervision of an official of this directorate, or a certificate issued by a person registered in terms of Act No. 36 of 1947

Date of treatment Chemical used (active ingredients)

Concentration of dosage Duration and temperature

Method of treatment

ADDITIONAL DECLARATION

Important: Attach import permit or official import requirements of the importing country

Permit no.

FOR OFFICIAL USE ONLY

Date of inspection Inspected by

Inspection and travelling time: From to Amount payable

Invoice no. Date Phytosanitary certificate no.