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| --- | --- | --- | --- |
| Permit No.: Permit No | **تصريح تصدير مبيدات الآفات** | |  |
| Date of Issue: Date of Issue | **Export Permit for Pesticides** | |  |
| Name & Address of Exporter: Exporter: | |  | |
| Name & Address of Importer: Importer: | |  | |
| Point of exit: Point of exit | |  | |
| Country of destination: Country of destination | |  | |
| Country of import: Country of import | |  | |
| Means of transport: Choose an item. | |  | |
| Make and identification of MOT (if available): MOT | |  | |

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| --- | --- | --- | --- | --- | --- |
| **Tariff number:** | **Commercial description:** | **Active ingredient:** | **Concentration (%):** | **Type of packages:** | **Number of packages:** |
| Tariff number | Description | Active ingredient | Concentration | Type of packages | Number of packages |
| Tariff number | Description | Active ingredient | Concentration | Type of packages | Number of packages |
| Tariff number | Description | Active ingredient | Concentration | Type of packages | Number of packages |
| Tariff number | Description | Active ingredient | Concentration | Type of packages | Number of packages |

|  |  |
| --- | --- |
| Total number of packages: Number |  |
| Total gross weight (kg): Weight |  |
| Total net weight (kg): Weight |  |
| Temperature: Choose an item. |  |
| Storing facility: Storing facility |  |
| Commodity intended for: Choose an item. |  |
| If other, please specify: Please specify |  |

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| I, the undersigned person responsible for the load detailed above, certify that to the best of my knowledge and belief the statements made in Part 1 of this document are true and complete and I agree to comply with the legal requirements, including payment for phytosanitary checks, as well as for re-dispatching consignments, for quarantine of plants, or costs of destruction and disposal if necessary. | Place and date of declaration:  Place  Date  Name of signatory:  Name of signatory  Signature: |