|  |  |  |
| --- | --- | --- |
| Permit No.: Permit No | **تصريح استيراد أسمدة** |  |
| Date of Issue: Date of Issue | **Import Permit for Fertilizers** |  |
| Name & Address of Importer:Importer |  |
| Name & Address of Exporter: Exporter: |  |
| Point of Entry: Point of entry  |  |
| Purpose of Entry: Choose an item. |  |
| Country of Origin: Country of origin |  |
| Country of Export: Country of export |  |
| Type of Entry Point: Choose an item. |  |
| Point of Entry: Point of entry |  |
| Means of transport: Choose an item. |  |
| Means of transport ETA: Click here to enter a date. |  |
| Make and identification of MOT (if available): MOT |  |
| Border inspection post: Border inspection post: |  |
| Arrival at BCP (ETD): Date: Date Time: Time |  |
| Date of issue: Date of issue |  |
| Accompanying document(s): Accompanying document(s) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tariff number:**  | **Commercial description:** | **natural or synthetic origin:** | **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 |  |
| Storing facility: Storing facility |  |
| Commodity intended for: Choose an item. |  |
| If other, please specify: Please specify |  |

|  |  |
| --- | --- |
| 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 PPD 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 DateName of signatory: Name of signatorySignature: |