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| Permit No.: Permit No | **تصريح استيراد مستلزمات بيطرية** | |  |
| Date of Issue: Date of Issue | **Import Permit for Veterinary Inputs** | |  |
| 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 BIP (ETD): Date: Date Time: Time | |  | |
| Documents: | |  | |
| Number(s): Numbers | |  | |
| Date of issue: Date of issue | |  | |
| Accompanying document(s): Accompanying document(s) | |  | |

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| --- | --- | --- | --- | --- |
| **Tariff number:** | **Commercial description:** | **Net weight (kg):** | **Number of packages:** | **Type of packages:** |
| Tariff number | Description | Net weight | Number of packages | Type of packages |
| Tariff number | Description | Net weight | Number of packages | Type of packages |
| Tariff number | Description | Net weight | Number of packages | Type of packages |
| Tariff number | Description | Net weight | Number of packages | Type 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 the official controls, and consequent official measures in case of non-compliance with the feed and food law. | Place and date of declaration:  Place  Date  Name of signatory:  Name of signatory  Signature: |