

PLANT & PLANT PRODUCT IMPORTATION APPLICATION FORM

1. Importer :		2. Registration No:				
3. Address: (a) Postal:		(b) Residential:				
c) Phone No: (d) Fax No:			(€	(e) Email:		
4. Commodity/Item To be Imported:						
(a) Common Name:		(b) Botanical Name:				
(c) Quantity:		(d) Variety (IES):				
5. Has the commodity gone through a	ny process? (If yes de	escribe in a	letail:)			
6. Purpose For The Importation: (In D	etail - Use Space Belo	w Or Addi	tional Pa	nges)		
7. Country of Origin: (Product Grown In)			8. Arriving VIA: (If Applicable)			
9. (a) Supplier/Exporter/Certified Nursery:				(b) Address		
(c) Fax No:			(d) Phone No:			
10. Means of Conveyance:						
11. Port Of Entry in Fiji:			12. Expected Date Of Arrival:			
13. Any Other Information Relevant T	o the Importation:					
Hereby Confirm That All The Informat	ion Submitted Abov	e Is Corre	ct:			
Name:			Signature:			
Designation:						
Organization:						
Date:			Stamp/Seal:			
or Official Use Only			Finance Officer:			
or Official Use Only Biosecurity Officer:		Finance (Officer:			
5		Finance (Receipt No:	

Biosecurity Authority Of Fiji Level 3 Provident Plaza 1, GPO Box 18360, Suva, Fiji Islands, Phone: +679 331 2512 Fax: +679 330 5043 | Email: info@baf.com.fj | www.baf.com.fj