

FORM 13

[See rule 11A (5)]

(for official use only)

CERTIFICATE OF REGISTRATION FOR DEALER/VENDOR
OF AGRICULTURAL PESTICIDES

No. _____

Certified that the person whose particulars are given below has been registered as dealer/vendor of Agricultural Pesticides.

1. Name.
2. Father's Name.
3. Address.
4. No. and date of certificate obtained for applying pesticides.

Dated _____

Signature of Registration Officer.

SEAL

Department.

FORM 14

[See rule 11A(6)]

APPLICATION FOR RENEWAL OF CERTIFICATE OF
REGISTRATION AS A DEALER/VENDOR
OF AGRICULTURAL PESTICIDES.

(To be rendered in triplicate)

1. Name.
2. Father's Name.
3. Address.
4. No. and date of certificate of registration.

I do hereby apply for the renewal of a certificate of registration in terms of the rule 11A of the Agricultural Pesticides Rules, 1973, of which the particulars are given above. I further certify that no changes have been made since the original registration, except as indicated above.

Dated _____

Signature of applicant.