

APPLICATION FOR (FORM-I) PERMIT TO IMPORT PLANTS OR PLANT PRODUCTS

To, The Director/Entomologist (Q) Department of Plant Protection Seaport, Karachi.	GOVERNMENT OF PAKISTAN MINISTRY OF NATIONAL FOOD SECURITY & RESEARCH DEPARTMENT OF PLANT PROTECTION PLANT QUARANTINE OFFICE	For office use only Dairy Number: Dairy Date:
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1. Consignee / Importer (Name & address):	2. NAME & ADDRESS OF APPLICANT (or importer's authorized agent) <div style="text-align: center; margin-top: 50px;">Stamp</div>
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Phone #	Fax	Phone #	Cell #
Cell #	Email:		

Plant or Plant Product to be imported

(a)	Common/Scientific Names of Plant or Plant Product			
	Quantity/Weight		Number & Type Of Packages	
(b)	Country & Locality of Origin		Number of Consignment	
	Imported From			
(c)	Exporter (Name & address)			
(d)	Destination	e)	Means of Transport	(tick out the related box) BY SEA <input type="checkbox"/> AIR <input type="checkbox"/> OR LAND <input type="checkbox"/>
(f)	Prescribed port or point of entry			
(g)	Purpose of Import: (tick out the related box)	Consumption <input type="checkbox"/> Sowing <input type="checkbox"/> Plant/parts for planting (Nursery Stock) <input type="checkbox"/> Small lots of seeds <input type="checkbox"/> Fruits & Vegetables <input type="checkbox"/> Others <input type="checkbox"/>		

See Pakistan Plant Quarantine Act 1976 and Plant Quarantine Rules, 1967
 Warning: any alteration, forgery, or unauthorized use of this document is subject to civil penalties or punishable by fine or imprisonment, or both

Department use only

INSTRUCTIONS: <ul style="list-style-type: none"> Please type or print clearly. Read the entire application before completing. You must complete all of the fields. Import permit validity (three months) Revalidation (for one time before due date) The applicant named in box # 1 must sign the form. Provide a copy of L/C / Performa Invoice / contract The importer / authorized agent of importer advised to collect Import Permit within 15 days otherwise Department shall not be responsible Examination fees deposited SBP/NBP Rs. _____ Dated _____ 	Signature of Applicant _____ CNIC # _____ Dated _____
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