



agriculture, forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

Directorate: Inspection Services

Office:

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Tel.: Fax:

E-mail:

Application for the issuing of a phytosanitary certificate—RE-EXPORT

IMPORTANT: The completed application form must reach the Directorate: Inspection Services before the inspection on the consignment will commence. It may be handed to an inspector or posted/faxed/e-mailed to: The Director, Directorate: Inspection Services with above address. The phytosanitary certificate is only valid for **14 days**. Please collect documents within **3 days** of applying.

I (full names and surname) of (company name)

(physical address)

hereby apply for the issuing of a RE-EXPORT PHYTOSANITARY CERTIFICATE in respect of the consignment, the particulars of which are indicated below. Inspection address

Company: Tel no. Fax E-mail

P.O. Box City Code

Contact person Accounts: Name, surname and tel. no.

Date of applying Signature of person applying for phyto

Please indicate firm that will be liable for the: Inspection fees Phyto Invoice Agent Exporter

Person collecting phyto (name) Company Cell

PARTICULARS OF CONSIGNMENT

IMPORTING COUNTRY

Name and address of exporter

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Declared name and address of consignee

.....

Number and description of packages

Distinguishing marks

Place of origin Point of entry

Means of conveyance (mark with an X) Air Mail Passenger Rail Road Sea

Name of produce and quantity declared

Botanical name of product

This is to certify that the plants or plant products described above were imported into

from covered by phytosanitary certificate no.

Please mark the appropriate boxes with an X:

*Original certified true copy of which is attached to this certificate; that they are packed repacked

in original new containers that, based on the original phytosanitary certificate an additional inspection

that they are considered to conform to the current phytosanitary regulations of this importing country, and that during storage in the REPUBLIC OF SOUTH AFRICA the consignment has not been subject to the risk of infestation or infection.

DISINFESTATION AND/OR DISINFECTION TREATMENT

Date of treatment Chemical used (active ingredients)

Concentration of dosage Duration and temperature

Method of treatment

ADDITIONAL DECLARATION

Important: Attach import permit no. Dated or official import requirements of the importing country.

Declaration:

FOR OFFICIAL USE

Date of inspection Inspected by (full name and surname)

Inspection and travelling time Amount payable

Invoice no. Receipt no. Phyto no. Inspection report no.