



Application To Import Animals Products Into Fiji

| 1. IMPORTER DETAILS | | | | | |
|------------------------------|--|--|--|--|--|
| Name: | | | | | |
| Address: | | | | | |
| Phone: | | | | | |
| Fax: | | | | | |
| Email: | | | | | |
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| 2. EXPORTING COMPANY DETAILS | | | | | |
| Name: | | | | | |
| Street Address: | | | | | |
| Postal Address: | | | | | |
| Phone: | | | | | |
| Fax: | | | | | |
| Email: | | | | | |
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3. PRODUCTION DESCRIPTION

| No. | Product Code | Description | Species | Unit Size | Unit Per | Total Quantity |
|-----|--------------|-------------|---------|-----------|----------|----------------|
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| 4. EXPORTING COUNTRY DETAILS | | | | | | | |
|--|--|-------------|--|--|--|--|--|
| (a) *Country of Origin of the product: | | | | | | | |
| (b) Country of manufacture of the product: | | | | | | | |
| (c) Address from which product will be exported: | (c) Address from which product will be exported: | | | | | | |
| | | | | | | | |
| Definition: *Country of origin is the country in which the animal has lived for more than 6 months outside of quarantine before it was slaughtered and processed for the production of the animal product. | | | | | | | |
| 5. DATE OF LODGEMENT OF APPLICATION: | | | | | | | |
| 6. ESTIMATED DATE OF ARRIVAL: | | | | | | | |
| 7. PORT OF ENTRY: | | | | | | | |
| 8. BIOSECURITY CLEARANCE AGENT | | | | | | | |
| Name: | Contact: | | | | | | |
| Address: | | | | | | | |
| I declare that the information provided above is correct. | | | | | | | |
| Owner/Agent Name: | Signature: | | | | | | |
| Date: | Stamp: | | | | | | |
| Note: Please provide the temperature used and duration of the product particularly on processing to assist and facilitate the processing of your application by our technical and scientific team. Applications with full detailed information should be sent at the following email address for processing: info@baf.com.fj For vaccine import application please provide the batch number and expiry. | | | | | | | |
| FOR OFFICIAL USE ONLY | | | | | | | |
| Biosecurity Officer: | Finance Officer: | | | | | | |
| Approved Rejected | Invoice No: | Receipt No: | | | | | |
| Signature: | Signature: | | | | | | |

(Note: Allow 3 days for applications to be processed)