



National Department of Agriculture

Directorate Plant Health and Quality  
Private Bag X258, PRETORIA, 0001  
Room J FF 06 Agriculture Building, Hamilton Street, Arcadia  
Tel No: (012) 319-6685 Fax No: (012) 323 2956

### APPLICATION FOR THE ISSUANCE OF A PHYTOSANITARY CERTIFICATE

**IMPORTANT:** Completed application, TOGETHER WITH THE IMPORT PERMIT OR OFFICIAL IMPORT REQUIREMENTS OF THE IMPORTING COUNTRY, to reach this Directorate 48 hours before required inspection; Exporter or his authorised agent to complete this form; Exporter liable to pay prescribed fees; Consignment to be exported within 14 days of certification.

I (full name) \_\_\_\_\_ of (firm name and postal address) \_\_\_\_\_

Hereby apply on behalf of the exporter, for the issuance of a phytosanitary certificate at (inspection address) \_\_\_\_\_

On (date & time) \_\_\_\_\_ Tel No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

### PARTICULARS OF CONSIGNMENT

Importing country: \_\_\_\_\_

Name and address of exporter: \_\_\_\_\_

Name and address of consignee: \_\_\_\_\_

Number and description of packages: \_\_\_\_\_

Distinguishing marks: \_\_\_\_\_ Place of origin: \_\_\_\_\_

Means of conveyance:  AIR  SEA  RAIL  ROAD Place of entry: \_\_\_\_\_

**BOTANICAL NAME, VARIETIES AND NAME OF PRODUCT:** \_\_\_\_\_ **QUANTITY OR MASS OF EACH:** \_\_\_\_\_

### DISINFECTION

**Important:** Treatment to be confirmed by either supervision of an official of this Directorate, or a certificate issued by a person registered in terms of Act 36 of 1947.

Date of treatment	Chemical used (only active ingredient)	Concentration of dosage	Duration and temperature	Method of treatment

### ADDITIONAL DECLARATION

**Important:** Refer to import permit of import requirements of importing country (permit no, annex no, etc) \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date issued: _____	Inspected by: _____
Inspection and travelling time: _____	Amount payable: _____
Invoice No: _____ Date: _____	Phyto No: _____