FORM 4

APPLICATION FOR LICENCE TO IMPORT A REGISTERED PESTICIDE

Importer's address:	
Product name of pesticide and formulat	cion:
Quantity and package size:	
Manufacturer's name and address:	
Supplier's name and address:	
Address of premises where pesticide is	s to be stored:
Purpose of importation:	
Signature of Applicant	Date
FOR OFFICIAL USE	ONLY
Date application accepted or refused _	
Licence number	
Reason for refusal	