



**MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY
(Forestry Service)**

APPLICATION FOR CLEARANCE FOR OBTENTION OF A PHYTOSANITARY CERTIFICATE

To: Conservator of forests
Forestry Service
Botanical Garden
Les Casernes,
Curepipe
Tel: (+230) 6707254/55; **Fax:** (6743449); **E-mail:** moa-forestry@govmu.org

<p align="center">FOR OFFICIAL USE ONLY</p> <p>S/N:</p> <p>Date:</p> <p>Name & signature of Officer:</p>
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I, the undersigned, hereby make an application for a permit to export sandalwood specified hereunder.

Name of applicant/owner* (Entity/Company/Individual*)

Address of applicant/owner*

Address/location of exploitation site(s)

National Identity Card no

Business Registration Number (BRN)

Exploitation Permit Number (SN)

Telephone no.	Mobile no.	Fax no.
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Email address

Means of exportation Air freight/Accompanied/Sea freight*

Name and address of sender company

Exporting country

Activities of applicant with regard to sandalwood*

Import	<input type="checkbox"/>	Export	<input type="checkbox"/>	Production oil	<input type="checkbox"/>
Processing	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Packaging	<input type="checkbox"/>
Selling wholesale	<input type="checkbox"/>	Selling retail	<input type="checkbox"/>	Other (Specify)	

I confirm that the above information is correct and that I am aware of the responsibilities of exploitation of sandalwood.

I agree to provide any other information that may be requested by the Forestry Service in connection with this application and to allow inspection of my premises and exploitation fields by staff of the office.

I undertake to –

- (a) provide such other information as the Forestry Service may require in connection with this application; and
- (b) authorise inspection of exploitation sites by staff of the office when so required.

.....
Name

.....
Signature of applicant

.....
Date

.....
Office stamp

** Tick as appropriate*

**Delete as appropriate*
