



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

**APPLICATION FOR EXPLOITATION OF SANDALWOOD**

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

**FOR OFFICIAL USE ONLY**

S/N: .....

Date of issue to DFO:  
.....

Name & signature of Officer:  
.....

Name of applicant .....

Address of applicant .....

Telephone no. ....	Email address. ....	Fax no. ....
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Name of person responsible for exploitation (if not the applicant)  
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Location of exploitation .....

Area of exploitation..... Expected date of exploitation.....

Purpose of exploitation: Export/ Local sale/ Personal use\*

**UNDERTAKING**

I agree to follow the guidelines issued by the Forestry Service for the exploitation of sandalwood.

I agree to allow inspection of the field and timber depot and follow any instructions given by officers of forestry service regarding the site of exploitation.

I understand that supplementary information might be required by the Forestry Service and I undertake to provide the same within the prescribed delay.

.....  
Signature of applicant

.....  
Date

**Note**

(i) Any supplementary information regarding this exploitation of sandalwood, for example describing its precise location, can be provided on a separate sheet attached to this form.

(ii) Issue of Phytosanitary Certificate recommendations will be at intervals of 3 months, applicants are advised to take necessary measures.

(iii) The following documents will be required for further processing: copies of Identify Card and Trade License

\* Delete as appropriate