# **SCHEDULE**



#### APPLICATION FOR IMPORT LICENSE

### **PESTICIDES AND TOXIC CHEMICALS**

(Under the Pesticides and Toxic Chemical Act (No. 13 of 2000)

Email: ptccblicreg@gmail.com

### TO THE REGISTRAR, PESTICIDES AND TOXIC CHEMICALS:

1. We,						
Of						
here by apply for a License to import the goods spe	cified below from	(Name and Ado	dress of Su	upplier)		
Supplier Name	Supplier Address					
Supplier Email	one No.			Supplier Fax No.		
Buying Agent Name (if any)			Buying Agent Address			
Email	Phone No.		Fax No.			Tin #
2. We Desire to forward the order of these on or about (date)						
By Cable	Mail		Fax			Otherwise
3. A. We will remit the necessary amount to cover the cost of the goods, insurance, shipping expenses etc., with the order.						
B. We will settle with	Bank on arrival of goods in country					
C. Payments will be effected						
4. We agree to abide by the conditions, restrictions and limitations stated under the Pesticides and Toxic Chemical Control Act and its associated regulations.						

# \*Note to Importers:

- All licenses are valid for six months from the date of issue.
- Each shipment requires a new license.
- All licenses are processed and completed, within 12 working hours of making complete submission of the applications and relevant documents (Commerical Invoice & Bill of Lading).
- Products that are listed on the application should be highlighted on the commercial invoice.
- Supplier name and address should match Commercial invoice and **NOT** Bill of Lading.
- Upon completion of the License, the Importer will be notified.

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Tariff Number	Description of Goods and Concentration	Quantity in Units of Sale	Price per Unit of Sale	Total Value (State Currency)
			Freight	
			Insurance	
Total CIF	(Currency)		Amount	
Conversion to G\$	(Rate )		Amount	

• /	Ve hereby declare t	the abovementioned	transaction is 1	financed under	the provision of	Dealers in I	-oreign Cu	irrency and	Licensing Act	, 1989.
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We hereby declare that the abovementioned transaction is being financed by a foreign currency held oversea.

Person	(Name of Authorized Individual)
Signature:	Date: