



**REPÚBLICA DEMOCRÁTICA DE TIMOR-LESTE**  
**Ministério de Agricultura, Pecuária, Peskas e Florestas**  
UNIDADE DE QUARENTENA E BIOSEGURANÇA  
SUB UNIDADE DE QUARENTENA DE PLANTAS



## Import Permit Application Option C

<b>1. Detail of Importer :</b>	
Name / Organisation	
Country of Origin:	
Street Address:	
District:	
Telephone, email, fax:	
Contact Name:	
<b>2. Details of Exporter :</b>	
Name/Organisation:	
Country of Origin:	
Street Address:	
Postcode:	
Telephone, email, fax:	
Contact Name:	
<b>3. Country of Origin :</b>	
<b>4. Type of Quarantine Material Proposed for Importation:</b>	

### Application to Import Biological Materials

If you are applying for a permit to import food stuffs for human consumption, animal feeds, fish feeds, therapeutics, cosmetics, vaccines, viable organisms, vaccines, organic fertilizers, dried/processed plant materials laboratory materials or any other biological commodities, please tick this box. Proceed to Option (C) and complete the relevant details.

## Option (C) – Application to import Biological material

Complete this section if you intend to import food stuffs for human consumption, animal feeds, fish feeds, therapeutics, cosmetics, vaccines, dried/processed plants, viable organisms, vaccines, organic fertilizers, laboratory materials or any other biological commodities.

### 5. Details:

Country of origin for plant product	Common / product name	Scientific name/ botanical name ( <i>Genus, species</i> )	<u>Product Description:</u> including species of origin and country (ie) of origin. Strain/variety Unprocessed/frozen/uncooked	Package size, total size and size per unit

Please attach additional pages if you require more space to complete this section

*\* Applications will not be processed if the scientific name is not provided*

### 6. Details of Transport:

1. Mode of transport eg air, sea	
2. Expected date of arrival	
3. Route details to Timor-Leste	

Please note that it is the importer's responsibility to notify the DNQB Office prior to the arrival of the consignment.

7. Country of Export: \_\_\_\_\_

8. Country of Origin: \_\_\_\_\_

9. Proposed end use of material: (Please tick one of the following boxes)

- |                                     |  |   |                                     |
|-------------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> In-vitro   | <input type="checkbox"/> In-vivo           | <input type="checkbox"/> Therapeutic      | <input type="checkbox"/> Pet food   |
| <input type="checkbox"/> Processing | <input type="checkbox"/> Stock feed        | <input type="checkbox"/> Aquaculture feed | <input type="checkbox"/> Fertiliser |
| <input type="checkbox"/> Bait       | <input type="checkbox"/> Human consumption | Other.....                                |                                     |

**10. Have you attached a relevant statement or Manufactures Declaration on how the materials were prepared?**

Yes  No

(NB: This information should include the percentages of ingredients/components of the final product, the countries of origin and species of origin, and any processing details including times, temperatures and/or chemical changes e.g. pH levels)

**11. Is the product genetically manipulated or does it contain genetically manipulated material?**

Yes -  (If yes please specify and attach details)

No -

**12. Do you have access to a registered Quarantine Approved Premise QAP?**

Yes  No

- (If you answered yes at this question please specify the location within which the materials will be confined.)

<b>13. QAP location details</b>	
<b>Premises held:</b>	
	<b>District:</b>

**14. Importers Declaration**

1. I hereby apply for permission to import the materials/products detailed in this application.
2. I declare that these materials/products will be used in accordance with all quarantine regulations and quarantine conditions as may be specified in any permit to import issued for the importation.
3. I declare that the information that I have provided is true and accurate to the best of my knowledge.

**15. Broker/Agent contact details**

<b>Signature:</b>	<b>Address:</b>
<b>Printed name:</b>	<b>Phone No:</b>
<b>Date:</b>	<b>Mobile No:</b>