



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



Export Permit Application Option C

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

Application to export Biological Materials

If you are applying for a permit to export 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 export Biological material

Complete this section if you intend to export food stuffs for human consumption, animal feeds, , therapeutics, cosmetics, , dried/processed plants, 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>)	Product Description: 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 Departure	
3. Route details to Country of Final Destination	

Please note that it is the exporter's responsibility to notify the UQB Office prior to the departure of the consignment.

7. Country of Export: _____

8. End Use : _____

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

Note :

(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.)

QAP location details	
Premises held:	
	District:

13. Exporters Declaration

1. I hereby apply for permission to export 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 export issued for the exportation.
3. I declare that the information that I have provided is true and accurate to the best of my knowledge.

Broker/Agent contact details

Signature:	Address:
Printed name:	Phone No:
Date:	Mobile No: