



AGRICULTURE QUARANTINE & INSPECTION DIVISION
of the Ministry of Agriculture
P. O. Box 18360
Suva
Fiji Islands

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PLANT & PLANT PRODUCT IMPORTATION
APPLICATION FORM

1. IMPORTER:
2. REGISTRATION NO:
3. ADDRESS: (a) POSTAL: (b) RESIDENTIAL:
(c) PHONE NO: (d) FAX NO:..... (e) EMAIL:
4. COMMODITY/ITEM TO BE IMPORTED:
(a) COMMON NAME: (b) BOTANICAL NAME:
(c) QUANTITY: (d) VARIETY (IES):
5. HAS THE COMMODITY GONE THROUGH ANY PROCESS? IF YES DESCRIBE IN DETAIL:
.....
6. PURPOSE FOR THE IMPORTATION:
(IN DETAIL – USE SPACE BELOW OR ADDITIONAL PAGES)
7. COUNTRY OF ORIGIN (PRODUCT GROWN IN):
8. ARRIVING VIA (IF APPLICABLE):
9. (a) SUPPLIER/EXPORTER/CERTIFIED NURSERY:
(b) ADDRESS:
(c) FAX NO: (d) PHONE NO:
10. MEANS OF CONVEYANCE:
11. PORT OF ENTRY IN FIJI: 12. EXPECTED DATE OF ARRIVAL:/...../.....
12. ANY OTHER INFORMATION RELEVANT TO THE IMPORTATION:
.....
.....
.....

I HEREBY CONFIRM THAT ALL THE INFORMATION SUBMITTED ABOVE IS CORRECT:

NAME : SIGNATURE :

DESIGNATION :

ORGANISATION :

DATE :/...../..... STAMP / SEAL :

NOTE:

- Please allow ten (10) working days for processing normal applications.
- New introductions will require Pest Risk Analysis which will take more processing time.