

[Regulations 19 (1), (2) and (3)]



Komuniti Agro-Iestari

Sir,

(1) Applicant Details

Name of Applicant : _____
 Address of Applicant : _____
 Vehicle Registration Number : _____
 Contact Number : _____

Name of Consignee : _____
Address of Consignee : _____
Contact Number : _____

(2) Route of Transit

Please mark (/) your first route and destination:

From	To
ICQS Sg. Tujoh, Miri	Miri
ICQS Tedungan, Limbang	Limbang
ICQS Pandaruan, Limbang	Lawas
ICQS Mengkalap, Lawas	

Date of export:/...../..... (day/month/year)

(3) Consignment Details

No.	Items/Description of Consignment	Quantity	Value (RM)	Place of Origin

I am willing to pay all cost incurred according to the rates specified under Regulation 15 (2) – (5) for the Plant Quarantine Regulations 1981.

I declare to the best of my knowledge that the information given above is true and correct, I acknowledge that if any of the information given above is false and incorrect, the Phytosanitary Certificate and Plant-In-Transit Letter issued would be null and void.

Name of Applicant)

Designation)

I/C Number)

Signature /

Stamp of Organization or Company)

Date)

FOR OFFICE USE

Date of Inspection : _____ Time : _____(am/pm)

Place of Inspection : _____

Fees:

i. Mileage Charges (RM) : _____

ii. Inspection Charges (RM) : _____

iii. Total (RM) : _____

Signature : _____
(Inspecting Officer)