

Please use the official *LETTER HEAD* of the relevant company to submit the following information

To:-

Deputy Director,
National Plant Quarantine Service,
Canada Friendship Road,
Katunayake (Tel. No.: 0112252028/9 - Fax No.: 0112253709)

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REQUEST FOR SAMPLE TESTING FOR PHYTOSANITARY CERTIFICATION

- 01.) Name and address of the consignee : (Indicate completely)
- 02.) Nursery Location :
- 03.) Country of destination :
- 04.) Means of conveyance :
- 05.) Date of export :
- 06.) Additional declaration required : (Indicate completely – as requested by the relevant country)
- 07.) Description of consignment : (Please use the given format to submit the consignment details
(An example is given herewith for your convenience)

Description of consignment

No.	Botanical Name	Size	Mode	Material	Quantity	Bed No.
01.						
02.						
03.						
04.						
05.						
06.						
07.						
08.						
09.						
0.						

- 08.) Proposed Date of inspection : (Not more than 14 days prior to despatch the consignment)

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Name and signature
(the authorized officer)