**Form III**

**Department of Animal Production and Health**

**P.O.Box 13, Peradeniya, Sri Lanka**

(Please type or write clearly in BLOCK letters)

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| **Importer / Consignee** | **Application for Approval to**  **Import Meat, Meat Products &**  **Edible Offal**  Animal Diseases Act. No.59 of 1992  ***Office use only:***  Reference No:...................................  Date :................................... |
| Name and Address of Importer / Consignee*:*  Telephone & Fax Nos: |
| **Exporter/Consignor** | **Origin of the Product** |
| Name and Address of Exporter / Consignor  Telephone & Fax Nos: | Country :  Name , Address and Registration Number of the Export Processing/ Cutting-up Establishment. |
| **Product Details** |  |
| Type of Meat Type of product No. And nature of packages Quantity  (MT/Kg) | |
| Transport and Destination |  |
| Expected Month/ Date of Export :  Place of embarkation :  Expected Month/ Date of Arrival :  Place of disembarkation : | Air lines/Ship :  Transhipment via\* :  (\*state name of the country)  Detail route to Sri Lanka : |

**Agreement :**

Director General,

Department of Animal Production & Health,

Peradeniya.

I hereby agree :

* To adhere to conditions stipulated by the Department of Animal Production & Health (DAPH) in respect to importation of meat and meat products in to Sri Lanka.
* To follow any other terms and conditions as may be stipulated by the DAPH from time to time.

**DECLARATION**

I declare that to the best of my knowledge and belief all the above information is true and correct.

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(Signature and Name Applicant )

Date :

CM 000954-500 (2001/06) department of Govt. Press