



APPLICATION FOR TRANSFER OF QUARANTINE MATERIAL

Transfer from:

Name: _____

Address: _____

QAP No: _____

Telephone No: _____

Facsimile No: _____

Transfer to:

Name: _____

Address: _____

QAP no: _____

Telephone No: _____

Facsimile No: _____

AQIS Import Permit Number: _____

AQIS Entry Number: _____

Please attach a copy of the permit used to originally import the material if possible.

Product Name(s): _____

Reason for transfer:

Summarise why the material is required to be transferred and the intended use of the material after transfer.

Declaration:

I declare that all of the information provided above is true and correct. Furthermore, I will abide by all quarantine conditions AQIS imposes on the handling of this product.

Signature

Position

Date