



DEPARTMENT OF AGRICULTURE  
 DARVILLE'S BUILDING  
 P.O. BOX N-3704  
 GLADSTONE AND MUNNINGS ROADS  
 NEW PROVIDENCE, THE BAHAMAS  
 Ph: 1-242-397-7450/1 Fax: 1-242-325-3960

Permit No. \_\_\_\_\_

## APPLICATION TO IMPORT CITES PLANTS (ORCHIDS) INTO THE COMMONWEALTH OF THE BAHAMAS

(PRINT CLEARLY AND COMPLETE THE ENTIRE FORM TO PREVENT PROCESSING DELAYS)

Name of Permittee(Importer): \_\_\_\_\_

Company Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Name of Supplier: \_\_\_\_\_

Consignee Name: \_\_\_\_\_

Name of Supplier: \_\_\_\_\_

Building/Apartment No.	Street	City/Town
State	Country	Zip Code

Carrier/Shipping Arrival Date (d/m/y): \_\_\_\_\_

Port of Entry:  Dock  Airport

Port of Entry Location/Address: \_\_\_\_\_

Purpose of Import:  Personal Use  Re-Sale  Other: \_\_\_\_\_

<u>QUANTITY</u>	<u>TYPE OF CITES PLANT</u>		<u>UNIT PRICE</u>
	<u>COMMON NAME</u>	<u>SCIENTIFIC NAME</u>	

**NB: - EACH PERMIT COSTS \$10.00 PLUS 12% VAT**

**- PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH SUPPLIER.**

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE (D/M/Y)

FOR OFFICIAL USE ONLY     APPROVED     DENIED     ON HOLD BY: \_\_\_\_\_

BY: \_\_\_\_\_

DATE (D/M/Y): \_\_\_\_\_    SIGNATURE: \_\_\_\_\_