

**Request for Methyl Bromide Fumigation (to be completed by the exporter and send to npqssl@gmail.com)**

|                   | Name | Address | Telephone         |
|-------------------|------|---------|-------------------|
| (01).Exporter     |      |         |                   |
| Freight Forwarder |      |         | T                 |
| Fumigator         |      |         |                   |
| (02).Consignee    | Name |         | Address & Country |
|                   |      |         |                   |

| (03).Name of the Target commodity of fumigation (cargo/ Cargo + packing /Packing only) | (04).Volume of the fumigation enclosure (Cu.M.) | Container No. | (05).Purpose of Fumigation (Mark "x" on relevant box) | Export | Import | Re export | Transit | Domestic |
|--|---|---------------|---|--------|--------|-----------|---------|----------|
|  |   |               |   |        |        |           |         |          |

| Place of treatment  | Name of Place          |                   | Address        |  |
|---|------------------------|-------------------|----------------|--|
|   |                        |                   |                |  |
| (06).Type of Fumigation (Mark "x" on relevant box)                            | AQIS                   | Hot gas           | Normal         |  |
|   |                        |                   |                |  |
| (07).Dose and exposure period (According to requirement of importing country) | Dose                   | exposure period   | Temperature    |  |
|   |                        |                   |                |  |
| (08).Enclosure of Fumigation (Mark "x" on relevant box)                       | Container              | Sheeted container | Stack          |  |
|   |                        |                   |                |  |
| (09).Date of Fumigation   | (10).Date of Degassing |                   | Date of Export |  |
|   |                        |                   |                |  |

| Do you need supervision officer for endorsed fumigation details on your Phytosanitary certificate (Mark "x" on relevant box). | Yes | No |
|---|-----|----|
|   |     |    |

Important - You shall be filled all required information completely to get the approval.

(11).For official use only

| Dose recommendation |  |
|---------------------|--|
| No of Cans          |  |