FORM "E" APPLICATION FOR THE IMPORT OF LIVE FISH

l.	Full Name of the Applicants/Institution:		
2.	Address:		
3.	Telephone No.:	4. Fax No. :	
1.	Business Registration No.: (Produce a copy)		
5.	James and the Species of Eggs, Roe or Spawn Fish and Quantity:		
	Species of Fish	Quantity of Eggs, Roe or Spawn	
	•••••		
	•••••		
nis of s		articulars herein contained are true and correct. I/We agree that, if any required to be given herein shall render invalid any permit granted on the basis Signature of Applicant	
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ł O.	R OFFICE USE ONLY		
(a)	Observations of the Officer In Ch	arge	
	Signature	Date	
(b)	Recommendation of the Director		
	Issue of a permission letter is reco	ommended/not recommended.	
	Signature	Date	

(c) Approval of the Director General

I approve/do not approve the issue of a permission letter to the above applicant.			
Signature	Date		