Government of the People's Republic of Bangladesh **Ministry of Agriculture**

Department of Agricultural Extension Plant Quarantine Wing

Form IX



PC-0024171

Place of Issue HAZRAT SHAHJALAL, DHAKA

To: The Plant Protection Organization of	ITALY	Date Inspected
Name and address of exporter :	SCRIPTION OF the CONSIGNME HOQUE ENTERPRISE, 10/3, ARA BANGLADESH.	ent AMBAG, MOTIJHEEL, C/A, DHAKA-1000,
Declared name and address of consignee :	ALIMENTARI ISLAM NAHAR S.F ITALY.(PIVA-08413491005)	R.L. VIA-LAMARMORA-29, 00182 ROMA,
Number and description of packages :	02 CARTONS	
Distinguishing mark:	RE.REM.MN.NE BANGLADESH	
Place of origin: Declared means of conveyance:	BY AIR	D D D
Declared point of entry: Name of produce and quantity declared:	ROMA, ITALY 10(TEN) KGS, FRESH WOOD AF	PPLE.
	Aegle marmelos	
Botanical name of plant :		
Botanical name of plant: This is to certify that the plants, plant products or other re official procedures and are considered to be free from quarant requirements of the importing contracting party, including the	ne pests, specified by the importing contrac	ting party and to conform with the current phytosanitary
This is to certify that the plants, plant products or other re- official procedures and are considered to be free from quarant requirements of the importing contracting party, including the	ne pests, specified by the importing contrac	ting party and to conform with the current phytosanitary
This is to certify that the plants, plant products or other re official procedures and are considered to be free from quarant requirements of the importing contracting party, including the second of the importance of the importa	ne pests, specified by the importing contractors for regulated non-quarantine pests. The	ting party and to conform with the current phytosanitary ney are deemed to be practically free form other pests.

30-May-16 Date of Issue : ...

Name of authorised officer:

Name of authorised officer: Dhaka, Bangladesh



No liability shall be attached to the Ministry of Agriculture or the Department or to any of its Officer or representative with respect to this certificate.

Name and Post of Arter

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VALID FOR SHIPMENT WITHIN 24 HOURS

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