## Government of the People's Republic of Bangladesh

## **Ministry of Agriculture**

Department of Agricultural Extension Plant Quarantine Wing

Form IX

PC-0032282

Place of Issue .....

HAZRAT SHAHJALAL, DHAKA

To: The Plant Protection Organization of	GEI	RMANY		Date Inspected	02-Jul-16
	scription	of the con	signment		
				HILGOAN, DHAKA,	BANGLADESI
Name and address of exporter:					
	7-DAYS, L	EBENSMITTE	L, MOSEL STR-	8, 60329 FRANKFUR	RT/M GERMA
Declared name and address of consignee :				47/4	
	08 CARTO	ONE		$A \longrightarrow A \longrightarrow$	
Number and description of packages:		JNO			
Distinguishing mark:	KTS PANCI APPOLI				
Place of origin:	BANGLADESH				***************************************
Declared means of conveyance:	BY AIR			JA X	area internal conditions, which are the original con-
Declared point of entry:	FRANKFURT, GERMANY				
Name of produce and quantity declared:	40(FORT)	() KGS, FRES	H SPINY GOURE		
Botanical name of plant :	Momordica cochinechinensis				
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 to	ine pests, speci	fied by the import	ing contracting party	and to conform with the co	arrent phytosanitar
II.	Additio	onal declar	ation		
Spiny Gourds are immedia from Thrips paimi karny.	ately prior t	o their export	have been offici	ally inspected and f	ound free
III. Disinfest	tation an	d/or Disinf	ection treatn	nent	
11	reatment	NILL		akaras, s	
Chemical (active ingredient) and concentration		NILL	VAL	D FOR SH	PMENT
		NILL	WI	THIN 24 H	UURS
Duration of exposure and temperature	CONTRACTOR AND COMPANIES AND COMPANIES	Market Mark Spirit Spir	THE STATE OF THE S	The state of the s	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

Quarantine Pathologist

Name of authorised officer: Plant Quarantine Station

Date of Issue: 02-Jul-16 Hazrat Shahjalal in the Airport

Dhakat Bangladesh

Signature:..

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.

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Series Series

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