



GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH  
 MINISTRY OF AGRICULTURE  
 DEPARTMENT OF AGRICULTURAL EXTENSION  
 Plant Protection Wing (Plant Quarantine)  
**PHYTOSANITARY CERTIFICATE**

0159478

THIS CERTIFICATE SHALL BE INVALID  
 IN CASE OF ANY ALTERATION

No.....

Place. HAZRAT. SHAHJALAL. DHAKA..

To: Plant protection organisation of U.K Date of Inspection: 14-06-2015

**Description of consignment/চালানের বিবরণ :**

Name and address of exporter: রপ্তানীকারকের নাম ও ঠিকানা	M/S. DIP INTERNATIONAL, 18/26, SUKLAL DAS LANE, SUTRAPUR, DHAKA-1100, BANGLADESH,
Declared name and address of consignee: ঘোষিত প্রাপকের নাম ও ঠিকানা	BANGLA FRESH VEG. LTD. T/A. DESHI FOODS. UNIT-13. MIDDLEMORE ROAD WEST BROMICH, B-21, OBN. WEST MIDLAND, U. K
Number and description of packages: পাটের সংখ্যা ও বিবরণ	310 CARTONS
Distinguishing mark: সনাক্তকরণ চিহ্ন	D F
Place of origin: উৎপাদন স্থান	BANGLADESH
Declared means of conveyance: ঘোষিত পরিবহনের ধরণ	BY AIR
Declared point of entry: ঘোষিত প্রবেশ স্থান	LONDON, U.K
Name of produce and quantity declared: ঘোষিত পণ্যের নাম ও পরিমাণ	620(SIX HUNDRED & TWENTY) KGS, FRESH MANGO
Botanical name of plant: উদ্ভিদের বৈজ্ঞানিক নাম	<i>Mangifera indica</i>

This is to certify that the plants, plant products or other regulated articles described above have been inspected according to appropriate procedure and are considered to be free from quarantine pests and practically free from other injurious pests and that they are considered to conform to the current Phytosanitary regulation of the importing country/এতদ্বারা প্রত্যয়ন করা যাইতেছে যে, উল্লিখিত উদ্ভিদ, উদ্ভিদজাত পণ্য বা অন্যান্য বিধিবদ্ধ দ্রব্যাদি সঠিকপন্থায় পরীক্ষিত ও সংগনিরোধ পোকা ও রোগবাহাই এবং বাবহারিকভাবে অন্যান্য ক্ষতিকর পোকা ও রোগবাহাই মুক্ত বলিয়া বিবেচিত হইয়াছে এবং উহা আমদানীকারী দেশের বর্তমান উদ্ভিদ বাহ্য সংক্রান্ত বিধি বিধান মোতাবেক হইয়াছে।

**Disinfestation or/and Disinfection/পোকামুক্ত অথবা/এবং জীবাণুমুক্তকরণ :**

Date/তারিখ :	NILL	Treatment/গৃহিত ব্যবস্থা :	NIL
Chemical (active ingredient) রাসায়নিক দ্রব্য (সক্রিয় উপাদান) :			
Duration and temperature/স্থিতিকাল ও তাপমাত্রা :			
Concentration/মাত্রা :			
Additional information/অতিরিক্ত বিবরণ :			

**Additional declaration/অতিরিক্ত ঘোষণা :**

Date of Issue :  
 ইস্যুর তারিখ : 14-06-2015



Signature

স্বাক্ষর

Name of authorised officer

(Md. Monzurul Hoque)  
 Pathologist  
 Plant Quarantine Station  
 Hazrat Shahjalal Intl. Airport  
 Dhaka, Bangladesh

দায়িত্বপ্রাপ্ত কর্মকর্তার নাম

DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT  
 WASHINGTON, D. C. 20250  
 PLANT SPECIES TAG (Plant Specimens)  
 PHYTOPLASMA CERTIFICATE

This certificate is to be filled out by the collector of the plant specimen.  
 Date of collection: \_\_\_\_\_  
 Locality: \_\_\_\_\_  
 Name of collector: \_\_\_\_\_

Name and address of sponsor: \_\_\_\_\_  
 Name and address of recipient: \_\_\_\_\_  
 Name of plant: \_\_\_\_\_  
 Number of specimens: \_\_\_\_\_  
 Date of shipment: \_\_\_\_\_  
 Name of collector: \_\_\_\_\_  
 Name of institution: \_\_\_\_\_  
 Name of project: \_\_\_\_\_  
 Name of sponsor: \_\_\_\_\_  
 Name of recipient: \_\_\_\_\_

This is to certify that the plant specimens described above have been  
 examined and found to be free from plant pathogens and  
 insects and are suitable for shipment to the recipient.  
 The collector of the specimens is responsible for the health of the  
 specimens during transport and for the health of the recipient's  
 collection upon receipt. The collector is also responsible for the  
 health of the specimens during transport and for the health of the  
 recipient's collection upon receipt.

Signature of collector: \_\_\_\_\_  
 Name of collector: \_\_\_\_\_  
 Title of collector: \_\_\_\_\_

Signature of recipient: \_\_\_\_\_  
 Name of recipient: \_\_\_\_\_  
 Title of recipient: \_\_\_\_\_  
 Name of institution: \_\_\_\_\_  
 Address of institution: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of issuer: \_\_\_\_\_  
 Name of issuer: \_\_\_\_\_  
 Title of issuer: \_\_\_\_\_  
 Name of institution: \_\_\_\_\_  
 Address of institution: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of issue: \_\_\_\_\_

VALID FOR SHIPMENT  
 WITHIN 24 HOURS

