

Government of the People's Republic of Bangladesh
Ministry of Agriculture
Department of Agricultural Extension
Plant Quarantine Wing

Form IX



PC - 0079647

Place of Issue
HAZRAT SHAHJALAL, DHAKA

PHYTOSANITARY CERTIFICATE

Rule 27(3)

07-Apr-17

To : The Plant Protection Organization of

UK

Date Inspected

I. Description of the consignment

MINA GENERAL STORE, HILL, KHALOPAR, P. O. & DIST- SYLHET,
BANGLADESH.

Name and address of exporter :

KOWSARS LTD. 194, CENTREL PARK ROAD, EAST HAM LONDON, E-6,
3DL, U.K

Declared name and address of consignee :

20 CARTONS

Number and description of packages :

NM

Distinguishing mark :

BANGLADESH

Place of origin :

BY AIR

Declared means of conveyance :

BIRMINGHAM, UK

Declared point of entry :

100(ONE HUNDRED)KGS, FRESH BETEL NUT

Name of produce and quantity declared :

Areca catechu

Botanical name of plant :

This is to certify that the plants, plant products or other regulated articles described herein have been inspected and/or tested according to appropriate official procedures and are considered to be free from quarantine pests, specified by the importing contracting party and to conform with the current phytosanitary requirements of the importing contracting party, including those for regulated non-quarantine pests. They are deemed to be practically free from other pests.

II. Additional declaration

III. Disinfestation and/or Disinfection treatment

Date

Treatment

NILL

Chemical (active ingredient) and concentration

NILL

Duration of exposure and temperature

NILL

Additional information

NILL

VALID FOR SHIPMENT
WITHIN 24 HOURS

WARNING : Any alteration, forgery, or unauthorized use of this phytosanitary certificate is punishable with imprisonment for a term not exceeding 2 (two) years, or with a fine not exceeding 5,00,000 (five lac) or with both. (Section 31 of Plant Quarantine Act, 2011).



Name of authorised officer :

07-Apr-17

Md. Monzurul Hoque

Quarantine Pathologist

Plant Quarantine Station

Hazrat Shahjalal Intl Airport

Dhaka, 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.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
THE UNIVERSITY OF THE STATE OF NEW YORK



STATEMENT OF WORKING HOURS

Name of Teacher: _____
School: _____
District: _____
City: _____
County: _____
State: _____
Date: _____

STATEMENT OF WORKING HOURS AND EQUIPMENT

This statement is to be filled out by the teacher at the end of each year.

Signature of Teacher: _____
Date: _____