

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

Form IX



PC - 0026148

Place of Issue
HAZRAT SHAHJALAL, DHAKA

PHYTOSANITARY CERTIFICATE

Rule 27(3)

To : The Plant Protection Organization of UK Date Inspected 20-Jun-16

I. Description of the consignment

Name and address of exporter : SONARGAON INTERNATIONAL, 28/1/C TOYENBEE CIRCULAR ROAD, DHAKA-1000, BANGLADESH.

Declared name and address of consignee : SYLHET FRESH VEG. LIMITED, 479 CANTRELL ROAD, LONDON. E-3, 4BN, UK.

Number and description of packages : 110 CARTONS

Distinguishing mark : M T

Place of origin : BANGLADESH

Declared means of conveyance : BY AIR

Declared point of entry : LONDON, U.K

Name of produce and quantity declared : 1000 (ONE THOUSAND) KGS, FRESH JACK FRUITS

Botanical name of plant : *Artocarpus heterophyllus*

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

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).

(Official Stamp)

Name of authorised officer : Signature :

Date of Issue : 20-Jun-16

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.

Department of Health and Human Services

Division of Health Care Policy and Regulation
Office of Inspector General

0022148

Date of Birth: _____
Social Security Number: _____



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