



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

0217014

THIS CERTIFICATE SHALL BE INVALID
IN CASE OF ANY ALTERATION

No.....

Place: HAZRAT SHAHJALAL, DHAKA.....

To: Plant protection organisation of

UK

Date of Inspection:

04-Nov-15

Description of consignment/চালানের বিবরণ :

Name and address of exporter:

রপ্তানীকারকের নাম ও ঠিকানা

EMON ENTERPRISE, 201, NORTH SHAHJANPUR DHAKA-1217,
BANGLADESH.

Declared name and address of consignee:

ঘোষিত প্রাপকের নাম ও ঠিকানা

FRESH BAZAR LTD. 136, CHAPMAN STREET, LONDON E-1, 2PH, U. K

Number and description of packages:

গাটের সংখ্যা ও বিবরণ

40 CARTONS

Distinguishing mark:

সনাক্তকরণ চিহ্ন

C A

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

200(TWO HUNDRED) KGS, FRESH OLIVE.

Botanical name of plant:

উদ্ভিদের বৈজ্ঞানিক নাম

Elaeocarpus robustus

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 with 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 রোগবালাই এবং ব্যবহারিকভাবে অন্যান্য ক্ষতিকর পোকা ও রোগবালাই মুক্ত বলিয়া বিবেচিত হইয়াছে এবং উহা আমদানীকারী দেশের বর্তমান উদ্ভিদ স্বাস্থ্য সংক্রান্ত বিধি বিধান মোতাবেক হইয়াছে।

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

Date/তারিখ : / /

Treatment/গৃহিত ব্যবস্থা :

NIL

Chemical (active ingredient) রাসায়নিক দ্রব্য (সক্রিয় উপাদান) :

NIL

Duration and temperature/স্থিতিকাল ও তাপমাত্রা :

NIL

Concentration/মাত্রা :

NIL

Additional information/অতিরিক্ত বিবরণ :

NIL

VALID FOR SHIPMENT
WITHIN 24 HOURS

Additional declaration/অতিরিক্ত ঘোষণা :

Date of Issue :

ইস্যুর তারিখ :

04-Nov-15



Signature

স্বাক্ষর

(Md. Manzurul Hoque)

Name of authorized officer/Pathologist

দায়িত্বপ্রাপ্ত কর্মকর্তার নাম/পাথলজ

Plant Quarantine Station

Hazrat Shahjalal International Airport
Dhaka, Bangladesh

011014

PHYSICIAN'S CERTIFICATE

State of New York

Department of Health

Office of the State Surgeon

Albany, New York

I, the undersigned, being duly sworn, depose and say that the following is a true and correct copy of the original certificate of the physician named herein, as the same appears from the files of the Department of Health, State of New York, at Albany, New York, on this 1st day of _____, 19__.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public in and for the State of New York.

Witness my hand and the seal of my office at Albany, New York, this _____ day of _____, 19__.

State Surgeon

State of New York

Department of Health

Office of the State Surgeon

Albany, New York

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