Plant-Origin Product Health Certificate Request Form

| Applicant Information | |
|---------------------------|--|
| Name | |
| | |
| Organization | |
| | |
| Address | |
| | |
| Contact Number | |
| | |
| Email | |
| | |
| | |
| Product Information | |
| Product Name | |
| | |
| Quantity | |
| | |
| Unit | |
| | |
| Country/Place of Origin | |
| | |
| Description | |
| | |
| | |
| | |
| Destination Details | |
| Destination Country | |
| , | |
| Destination Address | |
| | |
| | |
| Shipping Information | |
| Mode of Transport | |
| | |
| Expected Date of Shipment | |
| | |
| | |
| Additional Notes | |
| | |
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