

Pesticide Export Transport Declaration Form

Exporter Details

Company Name

Contact Person

Address

Email

Phone

Importer Details

Company Name

Contact Person

Address

Email

Phone

Transport Details

Transport Company

Transport Mode

Vehicle/Container Number

Shipping Date

Port of Departure

Port of Arrival

Pesticide Details

Product Name	Active Ingredient	Quantity	Packaging Type	UN Number
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Declaration

I hereby declare that the above information is true and the shipment complies with all relevant regulations.
Name

Position

Date

Signature