

FACSIMILE MESSAGE

FAX NO: (09) 527 1229

DATE: ____/____/____

FROM:

RE: FUMIGATION REQUEST FORM

NO.OF PAGES: ____ (including this page)

INFORMATION REQUIRED FOR FUMIGATION:**IMPORTED GOODS.** BACC Attached **EXPORTED GOODS.** Phytosanitary Certificate Required ISPM15 Stamping

Client/Consignee: _____

Container type / size: Open Flatrack HC 20ft 40ft Vehicle

Container No's: _____

Bill of Lading/Chassis: _____

LCL: No. of Pallets: Approx Size: _____ m³ Marks: _____

Fumigation Location: Wharf: _____ (Name) Or: _____

Ex Vessel: _____ Voyage No: _____

Contents: _____

Fumigation Required By: MAF Client Request

Charge to: _____ Order No: _____

Contact Person: _____ Phone No: _____

Fax No: _____

Cert' Delivered to: _____

Preferred Time & Date for Fumigation: ____/____/____ at ____:____

Details Required For Export Certificate:

Time & Date Fumigated Goods will be Uplifted: ____/____/____ at ____:____

Consignee: _____

Port of Discharge: _____

Seal No: (if any) _____

Requested By (Name & Signature): _____