香港特別行政區政府 漁農自然護理署 九龍長沙灣道 303 號 長沙灣政府合署五樓



THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION AGRICULTURE, FISHERIES AND CONSERVATION DEPARTMENT **Cheung Sha Wan Government Offices** 303 Cheung Sha Wan Road 5th Floor, Kowloon, Hong Kong.

APPLICATION FOR IMPORT PERMIT (For the Importation of Animal Products)

(Under the Laws of Hong Kong Rabies Ordinance, Cap. 421)

* I / Our company wish(es) to apply for a Import Permit to import the animals product(s)described below. *I / Our company hereby undertake to ensure that the terms of the Import Permit and all other relevant legislation will be fully complied with and the particulars given hereunder are correct. If the information provided below is different from that of the imported animal product(s), *I / our company will report it immediately to your department. *I / Our company understand that *I / our company are liable for prosecution if the information provided below is incorrect. Please complete in BLOCK LETTERS and return to : Permit & Certification Unit, Agriculture, Fisheries and Conservation Department, Counter No.10, 5th Floor, Cheung Sha Wan Government Offices, No.303, Cheung Sha Wan Road, Kowloon, Hong Kong. For detailed information, please visit http://www.afcd.gov.hk or enquiry at 21507063 during office hours 1. Name of Applicant : * Mr. / Mrs. / Ms (Chinese) ______ (English) _____ 2. * HK Identity Card / Passport No. and Issuing Country/Place : ____ 3. Name of Company : (applicable to commercial consignment only) 4. Correspondence Address : E-mail Address : ______ 5. Tel No. : (if not available, please provide your agent's contact tel / fax no.) 6. Port and Country/Place of Export : _____ 7. Port of Entry : *Airport / Border /Others (Please Specify) Flight No. (If known) : _____ 8. Conveyance : *Air /Sea /Vehicle 9. The Expected Date of Arrival : ____ _____By____Transit to_____ 10. * for transit, please specify : On____ (Date) (Means of conveyance) (Country/place) 11. Method of Dispatch of the Permit (if granted) : (Note : The permit will not be dispatched by fax or by registered mail.) $\# \square$ (a) to be collected by myself or the person authorized by me at AFCD office. # (b) by post to the address as provided in paragraph 4 above. (Self-addressed envelope is to be enclosed)

12. Purpose of the importation :

13. Particulars of the animal products to be imported:

Name of Animal Products	Quantity

14. Date of Application : 15. Signature :

	Notes For Guidance	For official use only
1.	The issuance of this pemit is free of charge.	Application Ref. No.:
2.	The permit, if granted, will normally be valid for 6 months and is good for one consignment only.	
3.	The submission of this application form cannot be construed as the grant of permit.	Date of Received:
4.	Final travel arrangement should NOT be made until a permit has been granted.	Checked by: