



APPLICATION FOR TIMBER INSPECTION

P.O. Box 31302,
Tel: 260 211 224900

Ref:

EXPORTERS INFORMATION

Legal Status: Private Limited Corporation Partnership Individual Cooperative Family Other

Legal Name of Company: _____ TPIN: _____

Contact Person: _____ Title: _____

Physical Address: _____ City/Town: _____

Postal Address: _____

Email: _____

Mobile: _____

Telefax: _____

IMPORTERS INFORMATION

Legal Name of Company: _____

Physical Address: _____

City/Town: _____ Country: _____

TIMBER INFORMATION

Timber Species: _____

Volume: _____

DETAILS OF INSPECTION LOCATION (State the location where you would like the timber to be inspected)

Physical Address: _____

City/Town: _____ Point of Exit: _____

DECLARATION

I declare that I am authorized, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.

I hereby apply for inspection of the Timber specified above.

Name: _____ Title: _____

Sign: _____ Date: _____

FOR OFFICIAL USE ONLY

Item	Unit Cost (K)	Total (K)
Application Fee		
Inspection Fee		
Certification Fee	42/m ³	
Total Fees		

Prepared by: _____

Verified by: _____

Date: _____

Date: _____

Sign: _____

Sign: _____

Approved by: _____

Date: _____

Sign: _____