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Department of Veterinary Services Private Bag 0032 Gaborone Botswana

Revision 3

DVS - Ocp - Doc: 2011/Import-Export. Form 04

REQUEST FORM FOR IN-TRANSIT PERMIT OF LIVE ANIMAL(S), ANIMAL PRODUCT(S), ANIMAL FEED(S), DRUG(S), VACCINE(S) AND VETERINARY BIOLOGICAL(S)

FULL NAME OF CONSIGNER		
POSTAL ADDRESS		
CONTACT TELEPHONE NUMBER	CONTACT FAX NUMBER	
INTENDED PORT OF ENTRY		
INTENDED PORT OF EXIT		
STATUS OF THE REQUEST: 1. NEW	2. REPLACEMENT FOR UNUSED PERMIT:	
IF 2, REASONS: EXPIRED BEFORE USE	*CANCELLED BEFORE USE	
*Cancelled if: (i) withdrawn by the DVS; (ii) lost by the applicant; and (iii) soiled beyond use		
DESCRIPTION OF THE COMMODITY—See table on reverse page		
DESTINATION OF THE COMMODITY:		
DESTINATION COUNTRY	PROVINCE/DISTRICT	
LOCATION PHYSICAL ADDRESS AT FINAL DESTINATION		
IMPORT PERMIT NUMBER		
TELEPHONE FAX		
DATE		
NOTE: Attach copy of import permit		
FOR OFFICIAL USE ONLY		
—	PROVED	
NAMEDESIGNATION	SIGNATURE	
VETERINARY DISTRICT OFFICE		
PERMIT REQUEST NUMBER:	DATE	





DESCRIPTION OF LIVE ANIMAL(S), ANIMAL PRODUCT(S), ANIMAL FEED(S), DRUG(S), VACCINE(S) AND VETERINARY BIOLOGICAL(S)	Quantity (volume, weight, Count)



