Telephone: 3689510 **Fax No:** 3903744

Internet: www.moa.gov.bw **Email:** DVSPermits@gov.bw



Department of Veterinary Services Private Bag 0032 Gaborone Botswana

Revision 3

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

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

FULL NAME OF IMPORTER				
POSTAL ADDRESS				
CONTACT TELEPHONE NUMBER				
INTENDED PORT OF ENTRY				
FINAL DESTINATION				
HOLDING REG. NUMBER EXTENSION	ON AREA	CRUSH/WARD		
DISTRICT	TERRITORY CODE	ZONE		
STATUS OF THE REQUEST: 1. NEW		2. REPLACEMENT FOR UNUSE	ED 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*Cancelled if: (i) withdrawn by the DVS; (ii) lost by the applicant; and (iii) soiled beyond use				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				
ORIGIN OF THE COMMODITY:				
COUNTRY FROM WHICH THE COMMODITY IS TO BE IMPORTED				
NAME OF EXPORTER				
POSTAL ADDRESS				
PHYSICAL ADDRESS				
TELEPHONE	FAX	PROVINC	E	
DATE	SIGNATURE			
FOR OFFICIAL USE ONLY				
APPROVED	NOT APPROVED			
NAME	DESIGNATION		SIGNATURE	
VETERINARY DISTRICT OFFICE				
PERMIT REQUEST NUMBER		DATE		





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



