

# IMPORTER NOTIFICATION FORM

## IMPORTER DETAILS

Appendix 12

NAME: [REDACTED]

ADDRESS: [REDACTED]

TELEPHONE NUMBERS: [REDACTED]

## CONSIGNMENT DETAILS

### FINAL PLACE OF DESTINATION

NAME: [REDACTED]

ADDRESS: [REDACTED]

TELEPHONE NUMBERS: [REDACTED]

CPH (if applicable):

### DATE AND TIME OF ARRIVAL

DATE: 30/5/2018

TIME: 10 am

### DETAILS OF ANIMALS

SPECIES.

PHEASANT QUANTITY:-----

PARTRIDGE Day Olds QUANTITY---19,400-----

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INTENDED USE OF ANIMALS (e.g. Breeding/Sporting)

### DETAILS OF PREMISES OF ORIGIN

NAME: [REDACTED]

ADDRESS: [REDACTED] FRANCE

TELEPHONE NUMBERS: [REDACTED]

COUNTRY:FRANCE

*In the case of imports from another Member State the importer should return this completed form **to the Animal and Plant Health Agency Office responsible for the place of destination** to arrive at least 24 hours before the expected time of arrival. Return to APHA, Eden Bridge House, Lowther Street, Carlisle CA3 8DX or [ImportsWestern@apha.gsi.gov.uk](mailto:ImportsWestern@apha.gsi.gov.uk)*

**For office use only**

Date of receipt .....

Received by .....

Action taken .....