

IMPORTER NOTIFICATION FORM

IMPORTER DETAILS

Appendix 13

NAME: [REDACTED]

ADDRESS: [REDACTED]

TELEPHONE NUMBERS: [REDACTED]

CONSIGNMENT DETAILS

FINAL PLACE OF DESTINATION

NAME: [REDACTED]

ADDRESS: [REDACTED]
[REDACTED]

TELEPHONE NUMBERS: [REDACTED]
CPH (if applicable):

DATE AND TIME OF ARRIVAL

DATE: 30/05/2018

TIME: 7 AM

DETAILS OF ANIMALS

SPECIES.
PHEASANT QUANTITY:-----

PARTRIDGE.QUANTITY---5,500-----

MALLARD QUANTITY -----

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
SVS-326*

For office use only

Date of receipt

Received by

Action taken