

**APPLICATION FOR A PERMIT TO IMPORT, EXPORT  
& RE-EXPORT SPECIES LISTED UNDER SCHEDULE  
1 AND 2 OF THE ACT.**



**GOVERNMENT OF FIJI**

**FORM 2**

1. Name of Applicant (Mr/Mrs/Ms): \_\_\_\_\_

Phone contact (Work/Office): \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. Purpose of Export: (please tick)

Export :  Import:  Re-export:  Other :

3. (a) Country of Origin: \_\_\_\_\_ b) Country of Destination: \_\_\_\_\_

Name & Address of Exporter:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address of Importer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_  
E-mail : \_\_\_\_\_

4. Item/Specimen  
Scientific name: \_\_\_\_\_

Common name: \_\_\_\_\_

Condition of the specimen (please tick below)

Live:  Dead:  Whole :  Part:  Derivative:

5. Any other relevant information

6. Details of the quantity, source, purpose and proof of legal acquisition should be provided as a attachment to this application, in the format specified in the Annex to Form 2.

7. Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

**For Office Use Only**

8: Approved (please tick)  
Yes  No

Fees Paid (please tick)  
Yes  No

Permit No.: \_\_\_\_\_

Date : \_\_\_\_\_

Name of Officer : \_\_\_\_\_

Signature of Officer: \_\_\_\_\_