

**Issuance Import permit for Semen or Embryos**

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| **NAME OF IMPORTER** |  | | |
| **TELEPHONE NUMBER** |  | **FAX NO** |  |
| **POSTAL ADDRESS** |  | | |

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| **COUNTRY OF DISPATCH** |  |
| **APPROVED COLLECTION SITE: (Name & No.)** |  |
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| **AIRPORT OF ARRIVAL** |  |

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| **DETAILS OF CONSIGNEMENT** | |
| **NAME OF STALLION** | **VOLUME/NUMBERS OF STRAWS** |
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Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_