

APPLICATION TO IMPORT LIVE ANIMALS

APPLICATION FORM (Please complete in Block Capitals)

1. Exporter (Name, Addr	ess & Contact number)	2. Importer (Name,)	Address & Contact number)		
		3. Proposed date of Import:			
4. Description of animals to be exported (Species, Breed, Colour, Markings, Sex, Date of Birth) Please include diagram of markings to assist with identification if necessary.					
Passport / Micro-Chip N	umber (where applicable)				
5. Exotic Species (please mark appropriate box)		Captive Bred	Wild-taken*		
Captive Bred animals please provide name & address of supplier/breeder					
*Wild-Taken animals	Country of Origin:	Permit No:	Date of Issue:		
Scientific name of species					
Common name of species					
6. Mode of transporting animal(s) (eg by freight ship; by private or chartered boat; by private or commercial plane) 7. I hereby apply for permission to import live animal(s) as indicated above. I attach the necessary documents and					
declare that all the particulars provided are to the best of my knowledge and belief correct.					
Signature					
Name of Applicant		Date			
Return Completed form to:		Office Use Only:			
The Office of the Chief Executive		Date received:			
States of Alderney		Application:	Approved/Not Approved		
PO Box 1001 ALDERNEY GY9 3AA					
ALDERIVET UTS SAA					
		Signature	Date		