

**APPLICATION FORM** (Please complete in Block Capitals)

1. Exporter (Name, Address & Contact number)		2. Importer (Name, Address & Contact number)				
		3. Proposed date of Import:				
	s to be exported (Species, Breed, ( n identification if necessary.	Colour, Markings, Sex	c, Date of Birth	) Please include diagr	am of	
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	ild-Taken animals Country of Origin: Permit No:			Date of Issue:		
Scientific name of specie	25					
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 States of Alderney		Date received:  Application:	Approved/Not Approved			
PO Box 1001		F F		-,		
ALDERNEY GY9 3AA						
		Signature		Date		