

## FORESTRY ACT (CAP 63:01)

## APPLICATION FOR FOREST PRODUCE EXPORT LICENCE

Company | Individual Name:

	Physical Address:					
	Postal Address:					
	Phone: Fax:					
	Email:					
	Registration No:					
	Date Of Incorporation:					
	Identity Type	Identity	No	Expiry Date		
	Place and Date of Issue:	To Citery	, ,		,	
	TPIN no:				2	
	Trille IIO.					
	Bank Name:	**			•	
	Account No.					
	Product Type	Quantity	Origin	Destination (Country)	Destination (City)	
	Application From:	oplication From:				
	To:	Applicant Signature:				
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Αþ	pplication Fee Paid MK.		1	Licence No.		
Ge	eneral Receipt No.					
-		er with the state of the state				
Ar	pproved by Director of Forestry			Date:		