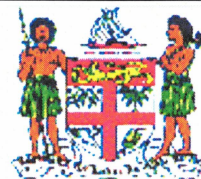


**APPLICATION FOR A PERMIT TO IMPORT, EXPORT  
A& RE-EXPORT SPECIES LISTED UNDER SCHEDULE  
1 AND 2 OF THE ACT.**



**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: \_\_\_\_\_

## FORM 2 - ANNEX



**GOVERNMENT OF FIJI**

[illegible]

**THIS FORM IS NOT VALID FOR SPECIMENS OF SPECIES LISTED IN THE CITES APPENDICES**