

**MINISTRY OF AGRICULTURE, IRRIGATION AND WATER
DEVELOPMENT**

Cable Address AGRISEARCH, LIMBE
Telephone: (265) 1 471 419/312
Fax (265) 1 471 312
Email: registrar@pesticidesboardmw.com



PESTICIDES CONTROL BOARD
P.O. BOX 51300
LIMBE
MALAWI

...../...../2015

Our Reference No: PCB/ 2015/REG.11

**PESTICIDES ACT, 2000
Application for Permit to Import Registered Pesticides**

Reg. 11

The Registrar of Pesticides
Pesticides Control Board
P.O. Box 51300
Limbe
MALAWI

I/We
of
.....

Croplife-Malawi Registration Number:

Pesticide Registration Number: MW/PCB/...../.....

desiring to import pesticide(s) whose particulars are given in the attached form (s), do hereby apply for a permit under Pesticides Act 2000.

I/We * intend to import the pesticide (s) from&..... (Location & Country) within six months.

Declaration

I.....

The applicant/authorised agent of the applicant, hereby declare that all the information I have given in this application and the attached form (s) is the best of my knowledge and belief true and correct.

Signature of applicant or authorised agent

.....

For and on behalf of
(Affix seal or stamp of applicant)

Date:
Address:

PESTICIDES ACT 2000
Application for a Permit to Import Registered Pesticides

PARTICULARS FORM

NOTE: each form is intended for one pesticide. Any information required, if cannot conveniently be given in this form, may be provided in appendices.

1. Details of pesticide:
 - (a) Product or trade name
 - (b) Common name of the active ingredient.....
 - (c) Type of pesticide (e.g. insecticide, nematicide, herbicide)
 - (d) Chemical group.....
 - (e) Type of formulation.....
 - (f) Percentage of active ingredient.....
 - (g) Quantity to import.....
 - (h) Purpose.....
 - (i) Organisation, Institution or person for whom imported.....

2. Particulars where pesticide is sold in any other country
 - (a) Country.....
 - (b) Uses allowed.....

3. Particulars where pesticide is being experimented or being used in any other country:
 - (a) Country.....
 - (b) Uses allowed (state where commercial or experimental.....

4. The experiment with the pesticide will be conducted in
(state location)
on the following crops/animals.....

For Official use only

5. Toxicological information on the pesticide as a whole (stating name, species of test animal).
 - (a) Code name of active ingredient.....
 - (b) Acute oral LD₅₀.....
 - (c) Acute dermal LD₅₀.....
 - (d) Inhalation toxicity.....
 - (e) Chronic toxicity.....
 - (f) Fish toxicity.....
 - (g) Other information.....