CONTROLLER OF WILD LIFE

Forest Department Sarawak, Wisma Sumber Alam Jalan Stadium, Petra Jaya, 93660 Kuching, Sarawak.



APPLICATION FORM FOR

C.I.T.E.S CERTIFICATE

(Note: Each application form is valid for one C.I.T.E.S. Certificate based on single destination/marking/product/shipment)	Form CITES/FDS/
A. TYPE OF APPLICATION	FOR OFFICIAL USE ONLY
Please tick (/) in appropriate box	WILDLIFE & PLANT (A) (Forest Department)
Export Re-export Re-export	Confirm License is valid
	YES NO
B. APPLICANT INFORMATION	4
1. Name: NRIC No:	Confirmed By Name
1. Name: NRIC No:	Date
2. Company Name:	Time hrs
3. Registered Address :	
4. Inspection site:	
5. Telephone No. Fax No.	
E-mail Address	
6. Valid License/Permit* Expiry Date :	
Import/Export*	
(*circle where applicable)	
7. STIDC Registration No.	
C. PRODUCT INFORMATION	TIMBER & TIMBER PRODUCT
Please tick (/) in appropriate box	(Forest Department) (B) A. Confirm License is valid
8. Type of Produce/Product	YES NO
Sawn Timber Plant Wildlife	Confirmed By
Mouldings	Name
Dowels 9. Phytosanitary Certificate No	Date Time hrs
10. Produce/Product Description for plants and wildlife	
Common Name Scientific Name Quantity Size Sex Age	(STIDC) (C)
1.	A. Confirm Applicant is registered
	YES NO
2.	Recommended
	Not recommended
3.	Confirmed by
	Name
	Date
4.	Time hrs
	•

For RAMIN Sawntimber, Dowels & Mouldings	
	FDS INSPECTION (D)
No of given Oisses Made of Okiganout follows field (0)	Classification
No. of pieces Sizes Mode of Shipment {please tick (/)}	Appendix I
Volume(cu.m)Bulk Containerized(FCL/LCL*)	Appendix II
Packing Marking	Appendix III
	Species** Yes No No
No. of pieces Sizes Mode of Shipment {please tick (/)}	Quantity** Yes No No
Volume(cu.m)Bulk Containerized(FCL/LCL*)	Type of product** Yes No
Packing Marking	Caging sizes** Yes No
	Sex** Yes No
	(as per WLP Ordinance)
No. of pieces Sizes Mode of Shipment {please tick (/)}	** as declared
Volume(cu.m)Bulk Containerized(FCL/LCL*)	
Packing Marking	Gaharu (Aquillaria malacensis)
	FDS Inspection/Weighing
*circle where applicable	Net Weight (as declared)
	Yes No
D. SHIPMENT INFORMATION	1
Mode of Transportation {please tick (/)} Air Land Sea	
Date of Intended Shipment: Destination Country :	
Consignos detaile: Namo:	
Consignee details: Name:	
Address:	
	FDS
FOR RE-EXPORT	Recommendation:
Country of OriginCOO permit/Certificate NoDate Issue	Yes No
	Checked by
	I Name
Signature Date:	
	Date
Signature Date: Company Stamp	
	Date
Company Stamp	Date
Company Stamp E. SYSTEM UPDATING (for FDS official use only)	Date
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