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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name:** | | | | |
| **Company Address:** | | | | |
| **Company Representative:** | | | | |
| **Contact No:** | | | | |
| **Quantity: Invoice No: Value:** | | | | |
| **Date of Shipment:** | | | | |
| **Country of Destination:** | | | | |
| **Name of Consignee:** | | | | |
| **Address of Consignee:** | | | | |
|  | | | | |
| **Type of Application:** | **New ( )** | | **Amend ( )** | |
| **Type of Commodity:** |  |  |  |  |
| **Fishes: ( ) Crustaceans: ( ) Mollusks: ( ) Invertebrates: ( )** |  |  |  |  |
|  |  |  |  |  |
| **Attached Requirements:** |  |  |  |  |
| ( ) Request Form ( ) Actual Invoice ( ) Certification |  |  |  |  |
| ( ) Amendment Letter ( if amend ) ( ) HC Original Copy |  |  |  |  |
| (If Amend) ( ) Laboratory Analysis (if needed) (Authorization) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Signature of Rep: Assessed by: Prepared by: Released by: Date** | | | | |
|  | | |  | |
|  | | |  | |