

## GRENADA BUREAU OF STANDARDS

## APPLICATION FORM FOR ISPECTION OF TOILET TISSUE

DECLARATION INVOICE No.:		GDBS ID. NO.:	
NAM	E OF IMPORTER: SURNAME		MIDDLE INITIALS
ADDI	RESS OF IMPORTER:		
TELEPHONE NO (S) .:		TELEFAX:	
NAME OF CONTACT PERSON (If different from Importer):			
ADDRESS OF BROKER:		TELEPHONE NO.	:
NAME OF EXPORTER:			
ADDRESS OF EXPORTER:			
PORT OF ENTRY:			
FLIGHT NO./VESSEL NAME:		ARRIVAL DATE:	
BILL OF LADING NO.: CONTAINER NO.:			
NO.	NAME OF PRODUCT (S) IMPORTED	BRAND NAME (S) WHERE APPLCABLE	QUANTITY
2			
3			
4			
5			
Signature of Importer/Agent Date			
FOR OFFICIAL USE ONLY			
EXAMINATION FEE: \$			
SIGNATURE OF INSPECTOR: DATE:			
OTHER REMARKS:			