



SIERRA LEONE GOVERNMENT
MINISTRY OF AGRICULTURE
Crop Protection Services- Phytosanitary Control
Youyi Building, Freetown

DESTRUCTION FORM

Name of Exporter or Importer.....

Date of Destruction.....

Type of Commodities

TYPES OF PRODUCT (S)	QUANTITY OF PRODUCT (s)

Reason for Destruction:

.....
.....
.....
.....

Place and time of Destruction:

.....

Name of Approval Authority/ Officer:

.....

NAME OF OFFICERS/STAKEHOLDERS'	INSTITUTION	SIGNATURE

Destruction confirmation Yes No

Please find attached destruction report and other evidences