



## REPUBLIC OF VANUATU

### ANIMAL IMPORTATION AND QUARANTINE ACT [CAP 201]

#### ANIMAL IMPORTATION AND QUARANTINE REGULATIONS (AMENDMENT) ORDER NO. 36 OF 2007

An Order to amend the Animal Importation and Quarantine Regulations Order No. 14 of 1994.

In exercise of the power conferred on me by paragraph 22(h) of the Animal Importation and Quarantine Act [CAP 201], I, the Honourable DONNA BROWNY make the following Order.

#### **1 Amendment**

The Animal Importation and Quarantine Regulations Order No. 14 of 1994 is amended as set out in the Schedule.

#### **2 Commencement**

This Order commences on the date on which it is made.

Made at Port Vila this 10 day of October 2007.

Honourable DONNA BROWNY  
Minister of Agriculture and Quarantine



# **SCHEDULE**

## **AMENDMENTS OF THE ANIMAL IMPORTATION AND QUARANTINE REGULATION ORDER NO. 14 OF 1994**

### **1 Schedule 2 –Form A, Form B and Form C**

Repeal Schedule 2- Form A, Form B and Form C, substitute Schedule 2 -Form A, Form B and Form C as are attached to this Order.

### **2 Schedule 3, Schedule 4 and Schedule 5**

Repeal the Schedules, substitute Schedule 3, Schedule 4 and Schedule 5 as are attached to this Order.

**SCHEDULE 2**

(regulation 11)

**FORM A**

**GOVERNMENT OF VANUATU**

AGRICULTURAL  
QUARANTINE  
CONTROL

Ref. No.
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APPLICATION TO IMPORT ANIMAL PRODUCTS

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1. What you should do -
  - (a) Complete and sign this form;
  - (b) Submit the completed form to the nearest Livestock office.
2. Name in full .....
3. Address .....
4. Place of business (if different from 3) .....
5. Nature of business .....
6. Port                      of                      entry                      into                      Vanuatu:  
.....

7. Full description of items to be imported	8. Quantity	9. State of origin	10. Complete address of supplier

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(If insufficient space use the "CONTINUATION SHEET")

**FORM A (Continued)**

11. I apply for a permit for single/multiple\* importation(s)\* in respect of the items described above. I declare that the statements made above are true and complete in all respects.

*\* Delete that which is inapplicable.*

Note: The Principal Veterinary Officer may require from you such further information as he considers necessary.

Date:

Signature of Applicant

.....

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For Official Use  
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This application was lodged at ..... (office) on (date) .....

**RECOMMENDED/NOT RECOMMENDED**

Reasons for non-recommendation  
.....  
.....  
.....

Permit Approved/Not Approved

Date:

Signature:

.....

Principal Veterinary Officer

FORM A (continued)

AGRICULTURAL  
QUARANTINE  
CONTROL

Ref. No.
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APPLICATION TO IMPORT ANIMAL PRODUCTS  
"CONTINUATION SHEET"

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7. Full description of items to be imported	8. Quantity	9. State of origin	10. Address of Supplier

**FORM B**

**GOVERNMENT OF VANUATU**

AGRICULTURAL  
QUARANTINE  
CONTROL

Ref. No.
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APPLICATION TO IMPORT BIOLOGICAL PRODUCTS

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1. What you should do -
  - (a) Complete and sign this form;
  - (b) Submit the completed form to the nearest Livestock office.
  
2. Name \_\_\_\_\_ in \_\_\_\_\_ full
  
3. Address \_\_\_\_\_
  
4. Place \_\_\_\_\_ of \_\_\_\_\_ business
  
5. Nature \_\_\_\_\_ of \_\_\_\_\_ business
  
6. Port \_\_\_\_\_ of \_\_\_\_\_ entry \_\_\_\_\_ into \_\_\_\_\_ Vanuatu:

7. Full description of items to be imported	8. Quantity	9. State of origin	10. Name & address of supplier

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(If insufficient space use the "CONTINUATION SHEET")

**FORM B (continued)**

- 11. Supply on a separate paper detail information of the registration of the veterinary drug in the country from which such veterinary drug is intended to be imported from.
- 12. I apply for a permit for single/multiple\* importation(s) in respect of the items described above. I declared that the statements made above (and in the attached paper\*) are true and complete in all respects.

*\* Delete that which is inapplicable.*

Note: The Principal Veterinary Officer may require from you such further information as he considers necessary.

Date:

Signature of Applicant

.....

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For Official Use

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This application was lodged at ..... (office) on (date) .....

**RECOMMENDED/NOT RECOMMENDED**

Reasons for non-recommendation

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

Permit Approved/Not Approved

Date:

Signature:

.....

Principal Veterinary Officer

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**FORM B (continued)**

AGRICULTURAL  
QUARANTINE  
CONTROL

Ref. No.
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APPLICATION TO IMPORT BIOLOGICAL PRODUCTS  
"CONTINUATION SHEET"

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7. Full description of items to be imported	8. Quantity	9. State of origin	10. Name & address of supplier

**FORM C**  
**GOVERNMENT OF VANUATU**

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APPLICATION FOR A PERMIT TO IMPORT LIVE ANIMALS

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1. What you should do -
  - (a) Complete and sign this form;
  - (b) Submit the completed form to the nearest Livestock Office.
  
2. Name \_\_\_\_\_ in \_\_\_\_\_ full  
.....
  
3. Address  
.....
  
4. Place \_\_\_\_\_ of \_\_\_\_\_ business  
.....
  
5. Nature \_\_\_\_\_ of \_\_\_\_\_ business  
.....
  
6. Port \_\_\_\_\_ of \_\_\_\_\_ entry  
.....

7. Full description of Animal(s)	8. Number	9. State of origin	10. Name & address of supplier

(if insufficient space use the "CONTINUATION SHEET")

**FORM C (continued)**

11. I apply for a permit for single/multiple\* importation(s) in respect of the items described above. I declare that the statements made above (and in the attached paper\*) are true and complete in all respects.

*\* Delete that which is inapplicable.*

Note: The Principal Veterinary Officer may require from you such further information as he considers necessary.

Date:

Signature of Applicant

.....

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For Official Use

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This application was lodged at ..... (office) on (date) .....

**RECOMMENDED/NOT RECOMMENDED**

Reasons

for

non-recommendation

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

Permit Approved/Not Approved

Date:

Signature:

.....

Principal Veterinary Officer

**FORM C (continued)**

AGRICULTURAL  
QUARANTINE  
CONTROL

Ref. No.

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APPLICATION FOR A PERMIT TO IMPORT LIVE ANIMALS  
"CONTINUATION SHEET"

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7. Description of Animals	8. Number	9. State of origin	10. Name & address of supplier

**SCHEDULE 3**

(Regulation 11)

**GOVERNMENT OF VANUATU  
ANIMAL IMPORTATION AND QUARANTINE REGULATIONS**

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PROVISIONAL IMPORT PERMIT

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PERMIT NO:

Ref. No:

This Provisional Import Permit authorizes  
.....  
..... of  
.....to import the following  
item(s):

Description	Quantity	Sex (if live animals)	State of origin	Port of entry into Vanuatu	Name and address of Supplier

The importation of the items specified above is subject to the following conditions:

1. Valid for single / multiple importation(s) until ..... unless previously cancelled.
2. A copy of this Permit must accompany the imports.
3. The items to be imported are subject to the provisions of the Animal Importation and Quarantine Act [Cap. 201] and the Animal Importation and Quarantine Regulations (Order 14 of 1994) and the conditions in the Schedule attached hereto.

Date: .....

Signature of authorized Officer: .....

Name: .....

PROVISIONAL IMPORT PERMIT (Continued)

CONDITIONS:

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**SCHEDULE 4**

(Regulation 7)

**GOVERNMENT OF VANUATU**

AGRICULTURAL  
QUARANTINE  
CONTROL

Ref. No.
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**PERMIT TO LAND / QUARANTINE RELEASE**

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Name and address of importer/consignee/agent

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.....  
.....

Full description of consignment (Mark/brand/AWB/BL)	Quantity	State of origin	Ship's name or Flight number and port of entry

Landing / Quarantine Release of the items(s) described above is -

.....  
.....  
AUTHORISED UNCONDITIONALLY  
AUTHORISED SUBJECT TO THE FOLLOWING  
CONDITIONS OR TREATMENTS:  
.....  
.....  
.....  
.....

.....  
Signature of authorized officer

Print name: .....

Date: .....

Official Stamp

**SCHEDULE 5**

(Regulation 8)

**GOVERNMENT OF VANUATU**

AGRICULTURAL  
QUARANTINE  
CONTROL

Ref. No.
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QUARANTINE CONTROL ORDER  
ORDER NO:

1. Name and address of importer / consignee / agent

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

2. Full description of Consignment (Mark/brand/AWB/BL)	3. Quantity	4. State of origin	5. Date of arrival	6. Ship's name or Flight No. & Port of entry

7. It is hereby ordered that the item(s) described above be -

- detained in Quarantine until further notice;
- seized and destroyed;
- subject to the following conditions:

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

Date: ..... Authorized Officer.....  
(Name)