

FERTILIZER, FARM FEEDS AND REMEDIES ACT (CHAPTER 18:12)

Pesticides Regulations, 1977

Information to be submitted, in triplicate, to the Registering Officer in respect of Experimental Pesticides.

- 1. Name of applicant:.....**
- 2. Address of applicant-.....**
 - a) Postal:.....**
 - b) Business:.....**
- 3. Code name or number of pesticide:.....**
- 4. Type of pesticide (fungicide, herbicide, insecticide. etc):.....**
- 5. Chemical group:.....**
- 6. Toxicological data, if available**
 - a) Humans and Animals.....**
 - b) Symptoms of poisoning.....**
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.....
 - c) First aid.....**
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- 7. Mass or volume of pesticide imported:.....**
- 8. Suggested use:.....**
- 9. Location of trials:.....**
- 10. Plot- size:.....**
- 11. Person conducting the trials:.....**

Date:

Signature of applicant:.....