

FORM 12

See rule 11A (4)

**APPLICATION FOR REGISTRATION AS DEALER /VENDOR
OF THE AGRICULTURAL PESTICIDES**

(To be rendered in triplicate)

1. Name of Applicant.
2. Father's Name.
3. Address of applicant.
4. No. and date of certificate obtained for applying pesticides.
5. Educational qualification

I do hereby apply for registration as a dealer / vendor of Agricultural Pesticides. My particulars which are given above are to the best of my knoweldge true and correct. I undertake to abide by Agricultural Pesticides Ordinance and the Agricultural Pesticides Rules in full.

Signature of Applicant

Date_____