Form Number: SECDIV (II)/2008
Annexure-II
[see rule 4(1)]

Ministry of Foreign Affairs
Strategic Export Control Division (SECDIV)
Islamabad

LICENSE APPLICATION FORM

1. SECDIV Registration Number (SRN): _____ *(must write SRN here)*			
2. Particulars of Applicant:			
(a) Name	First	Middle	Last
(b) Other/Alias (if any) _____			
(c) Date of birth _____		Place of birth _____	
(d) Citizenship _____		(e) Dual/other citizenship _____	
(f) Name of Company/Organization:			
(g) Chamber of Commerce Membership No.			
(h) Address:	Phone #	Fax	Mobile

Office: _____ _____ Residence: _____ _____	Office: _____ Residence: _____	Office: _____ Residence: _____	Office: _____ Residence: _____
(i) Address for the last 5 years, if different from (h): _____			
(j) e-mail: _____			
(k) CNIC/National Identity Number (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	Passport #: _____ (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	If dual national: (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	

3. <u>Particulars of Export</u>:

(a). Type of shipment	(a) Export □ Re-export/Transfer □ Transit □ Transshipment □ Other (please specify): _____ (b) Route and mode of shipment (if known) _____ _____

(b). Description of Items and Shipping Details

Control List Classification Number	Full Description of Goods	Model #/ Serial #	Quantity of Goods produced/dealt with by company per year	Quantity of Goods for which License is required	FOB value/ whether the LC opened/ Amount realized in favor of exporter or not	Contract No.	Country of Origin	Destination	Previous Exports of the Goods (Number/ Destination) (give full address)

4. <u>Particulars of End User</u>:

(a) Name	First	Middle	Last

(b) Other/Alias (if any) _____

(c) Date of birth _____ Place of birth _____

(d) Citizenship _____ (e) Dual/other citizenship _____

(f) Name of Company/Organization:

(g) Chamber of Commerce Membership No.

(h) Address:	Phone #	Fax	Mobile
Office: _____ _____ Residence: _____ _____	Office: _____ Residence: _____	Office: _____ Residence: _____	Office: _____ Residence: _____
(i) Address for the last 5 years, if different from (h): _____			
(j) e-mail: _____			
(k) CNIC/National Identity Number (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	Passport #: _____ (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	If dual national: (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	

5. Consignee (if different from End User):

(a) Name	First	Middle	Last
(b) Other/Alias (if any) _____			
(c) Date of birth _____		c) Date of birth _____	
(d) Citizenship _____		d) Citizenship _____	
(f) Name of Company/organization:			

(g) Chamber of Commerce Membership No.			
(h) Address:	Phone #	Fax	Mobile
Office: _____ _____ Residence: _____ _____	Office: _____ Residence: _____	Office: _____ Residence: _____	Office: _____ Residence: _____
(i) Address for the last 5 years, if different from (h): _____			
(j) e-mail: _____			
(k) CNIC/National Identity Number (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	Passport #: _____ (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	If dual national: (i) Validity Date: From: _____ To: _____ (ii) Issuing Authority: _____	
6. Purpose and applications for which the exported goods will be used:			
7. For transshipment/transit/others (specify):			
(a) Details of shipper: Name: _____ Address: _____			

Phone: _____ Fax: _____ e-mail: _____

Originating from: _____ Departing to: _____ Transshipment/Transit Port: _____

(b) Authentic copy of export license from originating country: _____

(c) Authentic copy of import license or IIC from destination country: _____

(d) Route of shipment (indicate all ports/flights/places etc.): _____

List of Documents to be Attached with the Form:

(i) Complete technical details of the goods with photographs. In case of research and scientific or diagnostic studies and projects including sharing of samples/materials, complete and authentic details of the research synopsis, approval from the head of the institution and NOC from National Biosafety Committee/ competent national authority shall be required.

(ii) Copies of Passport, CNIC, Chamber of Commerce/other specific trade organization registration, shipping documents and other details thereof, as applicable.

(iii) End-User Certificate duly signed and stamped by the end user (the certificate should be on the company letter head).

(iv) A copy of valid import authorization/IIC (verified by the importing country's Ministry of Foreign Affairs and endorsed by Pakistani Embassy/Mission/Accredited Embassy/Mission in that country.

(v) Copy of invoice/export contract.

(vi) In case of re-export, export authorization of foreign exporting or product originating country and import authorization issued by competent Pakistani authority.

(vii) In case this Form is being submitted on behalf of SRN holder, an authority letter duly signed by the SRN holder, in the name of the applicant should be attached.

Note: Extra sheets may be added if required (duly signed and numbered).

8. Exporter's Undertaking:

(i) I hereby declare that the particulars given herein are true and correct.

(ii) I undertake that the goods shall not be deviated from the stated end use/destination.

(iii) I certify that the goods will neither be used for any purpose associated with biological or nuclear weapons, or missiles capable of delivering such weapons; nor will they be re-exported or otherwise re-sold or re-transferred without authorization from the Government of Pakistan.

(iv) I understand and agree that all or any of the information provided in this Form may be disclosed by SECDIV to third parties either in Pakistan or elsewhere, if such disclosure is necessary for consideration of this application.

(v) I agree to allow and facilitate any verification inspection, visit, examination of relevant record by authorized officials with regard to this transaction at any time.

(vi) I have read and understood the provisions of the Act and rules made thereunder. I am also aware of the penalties and administrative actions that may be imposed for any violation.

(I) **APPLICANT**

Signature: _____

Name: _____

Designation: _____

Date: _____ Company Stamp and Seal

(II) **EXPORTER, IF DIFFERENT FROM APPLICANT**

Signature: _____

Name: _____

Designation: _____

Date: _____ Company Stamp and Seal

FOR OFFICIAL USE:
Application No. _____
Commercial/Non-Commercial: _____
Date: _____