Annex I. FORM SR9



**REPUBLIC OF MALAWI**

**SEED CERTIFICATION &QUALITY CONTROL SERVICES**

**APPLICATION FOR A SEED SELLER’S LICENSE**

To: Controller of Seeds, Chitedze Research Station, P.O. Box 158, Lilongwe

Name of Applicant………………………………………………………………………………….

Address …………………………………………………………………………………………….………………………………………………………………………………………………………

I hereby apply for seed seller’s license.

Name and address of premises ……………………………………………………………………..

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Email Address: ……………………………………………………………………………………..

Physical Address ……………………….………………..…………………….. …………...…….

Species to be sold ……….…………………………………………………………………………

Storage facilities ……………………………………………………………………………………

Date …………………………………….…… Signature …………………………………………

**FOR OFFICIAL USE ONLY**

Application received on ……………………………………………………………………………

Premises inspected by …………………………………………………………………………… Decision Approved/Rejected ……………………………………………………………………..

License No. …………………………………………. Date ………………………………….. …

Signature ……………………………… …………………………………………………………

Director of DARS