



[Subsidiary]

SIXTH SCHEDULE – (Contd.)

(r. 14 (2))

FORM SR 8

REPUBLIC OF KENYA

KENYA PLANT HEALTH INSPECTORATE SERVICE

WORK ORDER FOR .....

The following lot has been cleared and must be inspected for processing.

Merchant .....

Grower No.....and Name .....Date of issue .....

Species .....Variety .....

Generation .....Weight of lot before processing .....Kgs

Quantity .....Clearing .....%

Lot No. ....Provision germination .....%

No. of label	Serial Nos. of labels issue	No. of used labels	Date of sealing	Nos. of seals used	Containers	Sample No.

Remarks if any .....

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The Inspector .....

Place .....

Date .....