



MEDICINAL CANNABIS AUTHORITY  
ST. VINCENT AND THE GRENADINES

FORM D(A) SUPPLEMENTARY APPLICATION FORM FOR  
THE IMPORT OF CANNABIS SEEDS

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Shipping Agent: \_\_\_\_\_

Customs Broker: \_\_\_\_\_

Phytosanitary Certificate #: \_\_\_\_\_

Date: \_\_\_\_\_

Strain Name	Quantity	Origin	Cannabinoid Profile	Sexual Genotype /Feminized		Environmental History
				Yes	No	

Approved by:

\_\_\_\_\_

Biotechnologist

\_\_\_\_\_

Chief Inspector