

Part I: Description of consignment	I.1. Consignor		I.2. IMSOC reference		I.2.a. Local reference	
	Name				I.3. Central Competent Authority	
	Address				I.4. Local Competent Authority	
	Country		ISO Code			
	I.5. Consignee			I.6. Operator conducting assembly operations independently of an establishment		
	Name			Name		
	Address			Address		
	Country			Country		
	ISO Code			ISO Code		
	I.7. Country of origin			ISO Code		I.9. Country of destination
I.8. Region of origin			Code		I.10. Region of destination	
Code					Code	
I.11. Place of dispatch			I.12. Place of destination			
Name			Name			
Address			Address			
Approval Number			Approval Number			
Country			Country			
ISO Code			ISO Code			
I.13. Place of loading			I.14. Date and time of departure			
Name						
Address						
Approval Number						
Country						
ISO Code						
I.15. Means of Transport			I.16. Transporter			
Mode		International transport document	Identification		Name	
					Address	
					Approval Number	
					Country	
					ISO Code	
I.17. Accompanying documents						
Accompanying document reference						
Date of issue						
Country						
Place of issue						
I.18. Transport conditions						
Chilled <input type="checkbox"/>		Frozen <input type="checkbox"/>		Ambient <input type="checkbox"/>		
I.19. Container No / Seal No						
I.20. Certified as						
Breeding <input type="checkbox"/>		Quarantine establishment <input type="checkbox"/>		Relaying <input type="checkbox"/>		
Live aquatic animals for human consumption <input type="checkbox"/>		Ornamental aquaculture establishment <input type="checkbox"/>		Other <input type="checkbox"/>		
I.21. For transit through a third country <input type="checkbox"/>						
Third country			ISO Code			
Exit point			BCP code			
Entry point			BCP code			
I.22. For transit through Member State(s) <input type="checkbox"/>			I.23. For export <input type="checkbox"/>			
Member State		ISO Code		Third country		
				ISO Code		
				Exit point		
				BCP code		
I.24. Estimated journey time			I.25. Journey Log			
I.26. Total number of packages		I.28. Total net weight		I.28. Total gross weight		
I.30. Description of consignment						
1. 03 FISH AND CRUSTACEANS, MOLLUSCS AND OTHER AQUATIC INVERTEBRATES						
0308 Aquatic invertebrates other than crustaceans and molluscs, live, fresh, chilled, frozen, dried, salted or in brine; smoked aquatic invertebrates other than crustaceans and molluscs, whether or not cooked before or during the smoking process:						
030830 Jellyfish (<i>Rhopilema</i> spp.)						

03083010 Live, fresh or chilled

#1.	Commodity	Species	Package count	Net weight
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Part I: Description of consignment

Part II: Certification	II. Health information					
	<p>I, the undersigned hereby notify the movement of aquatic animals described in Part I in accordance with Article 220(2) of Regulation (EU) 2016/429 of the European Parliament and of the Council and with Article 17, Article 18(c) and Article 19(2) of Commission Delegated Regulation (EU) 2020/990 and confirm that the aquaculture establishment from which this consignment originates participates in a surveillance programme for a specified category C disease in accordance with Article 3(2)(b)(iv) of Commission Delegated Regulation (EU) 2020/689 and has been most recently tested in accordance with the relevant chapter of Part III of Annex VI to the same Regulation, on the date set out below with negative results:</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center; padding: 5px;">Disease</td> <td style="text-align: center; padding: 5px;">Test</td> <td style="text-align: center; padding: 5px;">Date (dd mm yyyy)</td> </tr> </table>			Disease	Test	Date (dd mm yyyy)
	Disease	Test	Date (dd mm yyyy)			
<p>Part I: Box reference I.xx</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Certifying Officer/Official veterinarian Name (in capital letters) Date of signature Stamp </td> <td style="width: 50%; border: none;"> Qualification and title Signature </td> </tr> </table>				Certifying Officer/Official veterinarian Name (in capital letters) Date of signature Stamp	Qualification and title Signature	
Certifying Officer/Official veterinarian Name (in capital letters) Date of signature Stamp	Qualification and title Signature					