

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			I.9. Country of destination		
ISO Code			ISO Code			
I.8. Region of origin			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.27. Total quantity	I.28. Total net weight		I.28. Total gross weight	
I.29. Total space foreseen for the consignment						
I.30. Description of consignment						
1. 03 FISH AND CRUSTACEANS, MOLLUSCS AND OTHER AQUATIC INVERTEBRATES						
0301 Live fish						
Ornamental fish						

030119 other than. 0301 11 00					
03011900 other than. 0301 11 00					
#1.	Commodity	Identification system	Identification Number	Quantity	Manufacturing plant
Species		Cold store	Nature of commodity	Date of collection / production	Treatment type
		Region of Origin	Batch number	Package count	Net weight

Part I: Description of consignment

Part II: Certification	II. Health information									
	<p>I, the undersigned official veterinarian/official inspector, hereby certify that the goods described in Part I comply with the following animal health and/or food safety requirement(s) of the non-EU country, beyond EU legislation:</p>									
	<p>Notes:</p> <ul style="list-style-type: none"> - Certification of non-EU country requirements in relation to exports from Member States of the European Union to non-EU countries - The exporting food business operator (consignee in the present certificate) has provided a confirmation from the competent authority of the exporting Member State, that the mentioned animal health and/or food safety requirement(s) are additional to EU legal requirements and are needed to issue an certificate for the export to a non-EU country. - Boxes I.6, I.7., I.14, I.15, I.16, I.17, I.21, I.26, I.27, I.28, I.29 and I.30 may be left empty 									
	<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="border: none;">Certifying Officer/Official veterinarian</td> </tr> <tr> <td style="border: none; width: 50%;">Name (in capital letters)</td> <td style="border: none; width: 50%;">Qualification and title</td> </tr> <tr> <td style="border: none;">Date of signature</td> <td style="border: none;">Signature</td> </tr> <tr> <td style="border: none;">Stamp</td> <td></td> </tr> </table>			Certifying Officer/Official veterinarian		Name (in capital letters)	Qualification and title	Date of signature	Signature	Stamp
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