

MOVEMENT CERTIFICATE

1. Exporter (name, full address, country)		EUR-MED No A	
		See notes overleaf before completing this form.	
		2. Certificate used in preferential trade between and (Insert appropriate countries or groups of countries or territories)	
3. Consignee (name, full address, country) (optional)		4. Country, group of countries or territory in which the products are considered as originating	5. Country, group of countries or territory of destination
		6. Transport details (optional)	
7. Remarks <input type="checkbox"/> Cumulation applied with (name of the country/countries) <input type="checkbox"/> No Cumulation applied (Put 'X' in the appropriate box)		8. Item number: marks and numbers Number and kind of packages (1): description of goods	
		9. Gross weight (kg) or other measure (litres, cu. m.)	
10. Invoices (optional)		11. Customs Endorsement	
		12. Declaration by the exporter	

(1)
If goods are not packed indicate number of articles or state 'in bulk', as appropriate

(2)
Complete only where the regulations of the exporting country or territory require

Declaration certified
Export document (2):

Form Number

Customs office

Issuing country or territory:
UNITED KINGDOM

Date

Signature

Stamp

I, the undersigned, declare that the goods described above meet the conditions required for the issue of this certificate.

Place and date

Signature

<p>13. Request for verification</p> <p>To: HM Revenue and Customs Leeds Regional Centre 7-8 Wellington Place Wellington Street Leeds LS1 4AP ENGLAND</p> <p>Verification of the authenticity and accuracy of this certificate is requested.</p> <p>Place and date</p> <p>Signature</p> <p>Stamp</p>	<p>14. Result of verification</p> <p>Verification carried out shows that this certificate: put 'X' in the appropriate box</p> <p><input type="checkbox"/> was issued by the Customs Office indicated and that the information contained therein is accurate</p> <p><input type="checkbox"/> does not meet the requirements as to authenticity and accuracy (see remarks appended)</p> <p>Place and date</p> <p>Signature</p> <p>Stamp</p>
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Notes

1. Certificate must not contain erasures or words written over one another. Any alterations must be made by deleting the incorrect particulars and adding any necessary corrections. Any such alteration must be initialled by the person who completed the certificate and endorsed by the Customs authorities of the issuing country or territory.
2. No spaces must be left between the items entered on the certificate and each item must be preceded by an item number. A horizontal line must be drawn immediately below the last item. Any unused space must be struck through in such a manner as to make any later additions impossible.
3. Goods must be described in accordance with commercial practice and with sufficient detail to allow them to be identified.

APPLICATION FOR A MOVEMENT CERTIFICATE

1. Exporter (name, full address, country)		EUR-MED No A	
		See notes overleaf before completing this form.	
		2. Certificate used in preferential trade between and (Insert appropriate countries or groups of countries or territories)	
3. Consignee (name, full address, country) (optional)		4. Country, group of countries or territory in which the products are considered as originating	5. Country, group of countries or territory of destination
		7. Remarks <input type="checkbox"/> Cumulation applied with (name of the country/countries) <input type="checkbox"/> No Cumulation applied (Put 'X' in the appropriate box)	
6. Transport details (optional)			
(1) If goods are not packed indicate number of articles or state 'in bulk', as appropriate	8. Item number: marks and numbers	Number and kind of packages (1): description of goods	9. Gross weight (kg) or other measure (litres, cu. m.)
			10. Invoices (optional)
(2) Complete only where the regulations of the exporting country or territory require	11. Customs Endorsement Declaration certified Export document (2): Form Number Customs office Issuing country or territory: UNITED KINGDOM Date Signature		12. Declaration by the exporter I, the undersigned, declare that the goods described above meet the conditions required for the issue of this certificate. Place and date Signature

Read the guidance for preferential rates of duty and rules of origin at www.gov.uk/government/collections/guidance-for-preferential-rates-of-duty-and-rules-of-origin

Penalties for providing untrue information

It is an offence under the Customs and Excise Management Act 1979, Section 167, to provide, or cause to be provided, untrue information or evidence to an officer of HM Revenue and Customs. Accordingly, any person who does so in support of an application for the issue of a movement certificate, or in the course of any subsequent verification, may be liable to penalties.

Complaints

The Adjudicator reviews complaints not settled to your satisfaction by HM Revenue and Customs. The recommendations of the Adjudicator are independent and the service is free. The Adjudicator only looks at complaints, not general enquiries. Phone the Adjudicator on 0300 057 1111 or go to their website www.adjudicatorsoffice.gov.uk

Declaration by the exporter only

I, the undersigned, exporter of the goods described overleaf, have read the relevant guidance and:

1. Declare that these goods meet the conditions required for the issue of the attached certificate
2. Specify as follows the circumstances which have allowed these goods to meet the above conditions

3. Submit the following supporting documents

4. Undertake to submit, at the request of an officer of HM Revenue and Customs, any supporting evidence which the officer may require for the purpose of issuing the attached certificate, and undertake, if required, to agree to any inspection of my accounts, and any check on the processes of manufacture of the above goods, carried out by the said officer of HM Revenue and Customs.

5.

C1444 issued date stamp

6. Request the issue of the attached certificate for these goods.

Countersignature by Chamber of Commerce

This application has been checked

.....
Authorised signatory

.....
Date
Reference

Chamber of Commerce stamp

.....
Place and date

.....
Signature

.....
Name (in capital letters)

.....
Status of signatory

.....
Company name