



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
THE SCOTTISH GOVERNMENT - RURAL DIRECTORATE
WELSH GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No:

EXPORT OF MARINE FISHERY PRODUCTS FOR HUMAN CONSUMPTION TO SOUTH AFRICA
HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM
FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. IDENTIFICATION OF PRODUCT(S)

- (a) Description of the products (include name of animal product):

- (b) Type and number of packages:

- (c) Identification marks on packaging (e.g. lot/batch numbers):

- (d) Net weight of consignment:

- (e) Container number:

- (f) Seal number:

- (g) Species product derived from:

- (h) Date of production:

II. ORIGIN OF PRODUCTS

- (a) Address of the processing plant:

(b) Approval number(s) of the processing plant:

(c) Name and address of exporter:

III. DESTINATION OF PRODUCTS

(a) The product was despatched to:

(country and place of destination)

(b) Name and address of consignee:

(c) Means of transportation:

IV. HEALTH INFORMATION

I, the undersigned, hereby certify that:

The animal products herein described, comply with the relevant European Community animal health/public health standards and requirements which have been recognised as equivalent to South Africa's standards and requirements specifically, in accordance with:

- For molluscs: Council Directive 91/67/EEC, Council Directive 91/492/EEC Council Directive 91/493/EEC, Council Directive 2002/99/EC, Regulation (EC) No 852/2004, (EC) No 853/2004 and (EC) No 854/2004.
- For finfish, crustaceans, echinoderms and tunicates: Council Directive 91/67/EEC, Council Directive 91/493/EEC, Council Directive 2002/99/EC, Regulation (EC) No 852/2004, (EC) No 853/2004 and (EC) No 854/2004.

V. ADDITIONAL DECLARATION(S) / GUARANTEE(S)

I, the undersigned hereby certify that:

The animal products described at I. above are eligible for intra-community trade without restriction.

VI. This certificate is valid for 4 months from the date of issue (unless revoked)

Date:.....

Signed:.....RCVS

Stamp:

Name in
block letters:.....
Official Veterinarian

Address:.....

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