



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

NO: .....

Import Permit No:

**EXPORT OF MILK AND MILK PRODUCTS TO NAMIBIA  
HEALTH CERTIFICATE**

**EXPORTING COUNTRY: UNITED KINGDOM**

**FOR SIGNATURE BY: OFFICIAL VETERINARIAN**

**I. IDENTIFICATION OF CONSIGNMENT**

a) Description of the products:

b) Type and number of packages:

c) Net weight of consignment:

d) Identification marks:

e) Seal number(s):

**II. ORIGIN OF PRODUCTS**

a) Name, address, telephone & fax number of exporter:

b) Name, address and official approval number of plant of production  
(factory):

c) Plant Stamp:

### III. DESTINATION OF PRODUCTS

- a) The product will be despatched from: UNITED KINGDOM  
to:  
(country and place of destination)
- b) Name and address of consignee:  
  
Tel: Fax:
- c) Physical (street) address at destination:
- d) Means of transportation (air/road/rail/sea) and Identification  
(Flight Number/ Vessel Name/ Vehicle Number):

### IV. HEALTH INFORMATION

I, the undersigned, a veterinarian authorised thereto by the Veterinary Administration of the United Kingdom, hereby certify that the milk products described at Section I. above:

1. originate from milk of (animal species):
2. (a) originate from herds/flocks which are born and reared in the European Union;  
**OR**  
(b) originate from milk or cheese or dairy products legally imported into the United Kingdom from facilities registered for trade.
3. originate from herds/flocks which were not subject to any restrictions due to Foot and Mouth Disease at the time of milk collection;
4. was processed at an officially approved processing plant and subjected to one of the following processes before being introduced onto Namibian territory:
  - 4.1 In the case of milk or milk-based products originating from areas where no outbreaks of Foot and Mouth Disease have occurred in the previous 12 months, and where no vaccination against foot and mouth disease was carried out in the previous 12 months:  
**EITHER**
    - 4.1.1 ultra high temperature (UHT) (UHT - minimum temperature of 132°C for at least one second);

**OR**

4.1.2 pasteurised at 72°C for at least 15 seconds or 60°C for 30 minutes;

**OR**

4.1.3 heat sterilized for 30 minutes at a pressure of 100Kpa;

**OR**

4.1.4 an acidification process such that the pH value is lowered and kept below 6 for at least one hour;

**OR**

4.1.5 an equivalent treatment, as follows:

5. In the case of milk or milk-based products originating from areas where an outbreak of Foot and Mouth Disease has occurred in the previous 12 months and where vaccination against foot and mouth disease was carried out in the previous 12 months:

**EITHER**

5.1 ultra high temperature (UHT) (UHT - minimum temperature of 132°C for at least one second;

**OR**

5.2 an initial heat treatment having an effect at least equivalent to that achieved by pasteurization at 72°C for at least 15 seconds so as to produce a negative phosphatase test,

**Followed by:**

**EITHER**

- a second heat treatment involving high-temperature pasteurisation, UHT, or sterilisation, so as to give a negative reaction to the peroxidase test;

**OR**

- in the case of milk powder or a dry milk-based product, a second heat treatment having an effect at least equivalent to that achieved by the first heat treatment, so as to produce a negative reaction to the phosphatase test, followed by a drying process,

**OR**

- an acidification process such that the pH value is lowered and kept below 6 for at least one hour.

6. have been processed, wrapped and packed in an establishment approved for export and stored and transported in a hygienic manner after processing, taking necessary precautions to avoid contact of the products with any potential sources of FMD virus.

7. are considered not to contain any harmful additives and are unconditionally passed fit for human consumption;

8. the consignment was loaded in clean vehicles/containers suitable for the product concerned, and sealed.

Seal number(s) :

Date:

Signed:.....RCVS

Stamp:

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

Address:.....  
.....