

Part I : Details of consignment

I.1. Consignor Name _____ Address _____ Country _____ ISO Code _____			I.2. IMSOC Reference I.2.a. Local Reference _____																				
I.5. Consignee Name _____ Address _____ Country _____ ISO Code _____			I.3. Central competent authority I.4. Local competent authority _____																				
I.7. Country of origin _____ ISO Code _____		I.9. Country of destination _____ ISO Code _____		I.10. Region of destination																			
I.8. Region of origin _____ Code _____			I.10. Region of destination																				
I.11. Place of Dispatch Name _____ Address _____ Approval Number _____ Country _____ ISO Code _____			I.12. Place of destination Name _____ Address _____ Approval Number _____ Country _____ ISO Code _____																				
I.13. Place of Loading Name _____ Address _____ Approval Number _____ Country _____ ISO Code _____			I.14. Date and time of departure _____																				
I.15. Means of Transport <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Mode</td> <td style="width: 20%;">International transport document</td> <td style="width: 60%;">Identification</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			Mode	International transport document	Identification																I.16 Entry Point _____		
Mode	International transport document	Identification																					
I.18. Transport conditions Ambient <input type="checkbox"/> Controlled temperature <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/>			I.17. Accompanying documents Document Type _____ Accompanying document reference _____ Date of Issue _____ Country _____ Place of issue _____																				
I.19. Container No / Seal No _____																							
I.20. Certified as Human consumption <input type="checkbox"/> Pharmaceutical use <input type="checkbox"/> Other <input type="checkbox"/> Technical use <input type="checkbox"/> Production of petfood <input type="checkbox"/> Pet food <input type="checkbox"/>																							
I.21. For transit through a third country <input type="checkbox"/> Country _____ ISO Code _____ EU Exit Authority _____ BCP code _____ EU Entry Authority _____ BCP code _____			I.22. For transit through Member State(s) <input type="checkbox"/> Country _____ ISO Code _____																				
I.23. Total number of packages _____		I.24. Total quantity _____		I.25. Total net weight _____																			
I.25. Total gross weight _____		I.28. Description of consignment 1. 02 MEAT AND EDIBLE MEAT OFFAL 0208 Other meat and edible meat offal, fresh, chilled or frozen 020890 Other																					
#1.	Commodity	Quantity	Net weight	Package count																			
Species	Identification number	Identification system																					

Part II: Certification	II. Health information		
	<p>Part II. Certification</p> <p>Animal Health</p> <p>I, the undersigned official veterinarian, hereby certify, that the fresh meat of farmed non-domestic ruminants described in Part I of this certificate:</p> <p>AH/T104A Territory requirements</p> <p>has been obtained in the territory/ies with code: _____ which, at the date of issuing this certificate:</p> <p>(a) _____ has been free for 12 months from rinderpest, and during the same period no vaccination against this disease has taken place, and</p> <p><input type="checkbox"/> [(b) _____ has been free for 12 months from foot-and-mouth disease, and during the same period no vaccination against this disease has taken place;]</p> <p>(*)EITHER</p> <p><input type="checkbox"/> [(b) _____ has been considered free from foot-and-mouth disease since _____ (dd/mm/yyyy), without having had cases/outbreaks afterwards, and authorised to export this meat by _____, of _____ (dd/mm/yyyy);]</p> <p>(*)AND/OR</p> <p><input type="checkbox"/> [(b) _____ meets GB requirements for territory/ies with supplementary guarantee code A;]</p> <p>(*)AND/OR</p> <p>AH/E003 Establishment requirements (holding)</p> <p>has been obtained from animals coming from holdings:</p> <p>(a) _____ in which none of the animals present therein have been vaccinated against (*)[foot-and-mouth disease or] rinderpest;</p> <p><input type="checkbox"/> [(b) _____ in which in the holdings situated in their vicinity within 10 km, there has been no case/outbreak of foot-and-mouth disease or rinderpest during the previous 30 days;]</p> <p>(*)EITHER</p> <p><input type="checkbox"/> [(b) _____ that meet the GB requirements for holdings in territory/ies with supplementary guarantee code A;]</p> <p>(*)AND/OR</p> <p>(c) _____ where regular veterinary inspections are carried out to diagnose diseases transmissible to humans or animals and, these holdings are not subject to prohibition as a result of an outbreak of brucellosis during the previous six weeks;</p> <p>AH/E300A Establishment requirements (slaughterhouse)</p> <p>has been obtained in an establishment around which, within a radius of 10 km, there has been no case/outbreak of the diseases referred to in point AH/T during the previous 30 days or, in the event of a case/outbreak of disease, the preparation of meat for importation to Great Britain has been authorised only after slaughter of all animals present, removal of all meat, and the total cleaning and disinfection of the establishment under the control of an official veterinarian;</p> <p>AH/A001 Animal requirements (residency)</p> <p>has been obtained from animals that:</p> <p><input type="checkbox"/> [have remained in the territory described in AH/T since birth, or for at least the last three months before slaughter;]</p> <p>(*)EITHER</p> <p><input type="checkbox"/> [have been introduced on _____ (dd/mm/yyyy) into the territory described in AH/T from the _____ territory/ies with code(s) _____ that at that date was authorised to import this fresh meat into Great Britain;]</p> <p>(*)AND/OR</p> <p><input type="checkbox"/> [have been introduced on _____ (dd/mm/yyyy) into the territory described in AH/T, from Great Britain;]</p> <p>(*)AND/OR</p> <p>AH/A050 Animal requirements (separation)</p> <p><input type="checkbox"/> (*)[has been obtained from animals that have remained since birth or for the last 3 months separate from wild cloven-hoofed animals;]</p> <p>AH/A604 Animal requirements (other)</p> <p>has been obtained from animals which:</p> <p><input type="checkbox"/> (*)[(a) _____ have been transported from their holdings in vehicles, cleaned and disinfected before loading, to an approved slaughterhouse without contact with other animals which did not comply with the conditions referred to in AH/T, AH/A001 and AH/E003;]</p> <p>(*)EITHER</p> <p>(b) _____ at the slaughterhouse, have passed ante-mortem health inspection during the 24 hours before slaughter</p>		

Part II: Certification

II. Health information

and, in particular, have shown no evidence of the diseases referred to in AH/T; and]

☐ (*)[(a) meet the alternative GB requirement set out in the notes for completion; and]
(*)AND/OR

(c) have been slaughtered on (dd/mm/yyyy) or between (dd/mm/yyyy) and (dd/mm/yyyy); and

AH/P002 Product requirements

☐ [has been obtained and prepared without contact with other meats not complying with the conditions
(*)EITHER required in this certificate.]

☐ [meets GB requirements for product originating in territories that require with supplementary
(*)AND/OR guarantee code(s) (*) ☐ [A] (*) ☐ [F] ;]

Animal Welfare

AW/001 Animal welfare

The product of animal origin described in Part I of this certificate derives from animals which have been handled in the slaughterhouse before and at the time of slaughter or killing in accordance with GB animal welfare requirements.

Public Health

I, the undersigned official veterinarian, declare that I am aware of the relevant requirements of the GB Regulations, and certify that the fresh meat of farmed animals of the order Artiodactyla (excluding bovine animals (including Bison and Bubalus species and their cross-breeds), Ovis aries, Capra hircus, Suidae and Tayassuidae), and of the families of Rhinocerotidae and Elephantidae described in Part I of this certificate was produced in accordance with those provisions, in particular that:

PH/E100A Establishment requirements

the establishment(s) where the product(s) come(s) from operate(s) under the HACCP principles in accordance with GB regulations;

PH/P105 Production requirements

it has been obtained in compliance with the hygienic conditions set out in relevant GB regulations;

PH/I001 Inspection requirements

the meat has been found fit for human consumption following ante-mortem and post-mortem inspections in accordance with GB regulations;

PH/MK003 Marking requirements

☐ (*)[the carcass or parts of the carcass] (*) ☐ [the packages of meat] have been marked in accordance with the GB regulations;

PH/MB001A Microbiological criteria

the product(s) described in Part I of this certificate satisfies (satisfy) the relevant microbiological criteria set in GB regulations;

PH/RP001 Residue plans

the guarantees provided by the residue monitoring plans submitted to GB by the country of origin are fulfilled, in accordance with GB regulations;

PH/S100 Storage and transportation requirements

it has been stored and transported in accordance with relevant GB regulations;

PH/D301 Chronic Wasting Disease (CWD)

☐ (*)[with regard to Chronic Wasting Disease (CWD), this product contains or is derived exclusively from meat, excluding offal and spinal cord, of wild cervid animals which have been examined for Chronic Wasting Disease by histopathology, immunohistochemistry or other diagnostic method recognised by the competent authority with negative results and is not derived from animals coming from a herd where Chronic Wasting Disease has been confirmed or is officially suspected;]

(*) Keep as appropriate.

Certifying Officer

Name (in capital letters)

Qualification and title

Date of signature

Signature

Part II: Certification	II. Health information		
	Stamp		

Μέρος I

I.1. Αποστολέας Όνομα Διεύθυνση Χώρα Κωδικός ISO			I.2. Κωδικός αναφοράς IMSOC I.2.a. Local Reference		
I.5. Παραλήπτης Όνομα Διεύθυνση Χώρα Κωδικός ISO			I.3. Κεντρική αρμόδια αρχή (ΚΑΑ) I.4. Local competent authority		
I.7. Χώρα προέλευσης		Κωδικός ISO	I.9. Country of destination		Κωδικός ISO
I.8. Region of origin			I.10. Περιφέρεια προορισμού		
I.11. Place of Dispatch Όνομα Διεύθυνση Αριθμός έγκρισης Χώρα Κωδικός ISO			I.12. Τόπος προορισμού Όνομα Διεύθυνση Αριθμός έγκρισης Χώρα Κωδικός ISO		
I.13. Τόπος φόρτωσης Όνομα Διεύθυνση Αριθμός έγκρισης Χώρα Κωδικός ISO			I.14. Date and time of departure		
I.15. Μέσο μεταφοράς Τύπος Έγγραφο Ταυτοποίηση			I.16 Entry Point		
I.18. Transport conditions σε θερμοκρασία περιβάλλοντος Controlled temperature Σε ψύξη Κατεψυγμένα			I.17. Συνοδευτικά έγγραφα Document Type Κωδικός αναφοράς του εμπορικού εγγράφου Ημερομηνία έκδοσης Χώρα Τόπος έκδοσης		
I.19. Εμπορευματοκιβώτιο αριθ./ Σφραγίδα αριθ.					
I.20. Certified as Κατανάλωση από τον άνθρωπο Φαρμακευτική χρήση Άλλο Τεχνική χρήση Production of petfood Τροφές για ζώα συντροφιάς					
I.21. For transit through a third country Country EU Exit Authority EU Entry Authority Κωδικός ISO BCP code BCP code			I.22. For transit through Member State(s) Country Κωδικός ISO		
I.23. Συνολικός αριθμός δεμάτων		I.24. Συνολική ποσότητα		I.25. Συνολικό καθαρό βάρος	I.25. Συνολικό μεικτό βάρος
I.28. Description of consignment 1. 02 ΚΡΕΑΤΑ ΚΑΙ ΠΑΡΑΠΡΟΪΟΝΤΑ ΣΦΑΓΙΩΝ, ΒΡΩΣΙΜΑ 0208 Άλλα κρέατα και παραπροϊόντα σφαγίων βρώσιμα, νωπά, διατηρημένα με απλή ψύξη ή κατεψυγμένα 020890 Άλλα					
#1.	Εμπόρευμα	Ποσότητα	Καθαρό βάρος	Πλήθος πακέτων	
Είδος		Αναγνωριστικός αριθμός	Σύστημα ταυτοποίησης		

Part II: Certification	II. Υγειονομικές πληροφορίες		
	<p>Part II. Certification</p> <p>Animal Health</p> <p>I, the undersigned official veterinarian, hereby certify, that the fresh meat of farmed non-domestic ruminants described in Part I of this certificate:</p> <p>AH/T104A Territory requirements</p> <p>has been obtained in the territory/ies with code: _____ which, at the date of issuing this certificate:</p> <p>(a) _____ has been free for 12 months from rinderpest, and during the same period no vaccination against this disease has taken place, and</p> <p><input type="checkbox"/> [(b) _____ has been free for 12 months from foot-and-mouth disease, and during the same period no vaccination against this disease has taken place;]</p> <p>(*)EITHER</p> <p><input type="checkbox"/> [(b) _____ has been considered free from foot-and-mouth disease since _____ (dd/mm/yyyy), without having had cases/outbreaks afterwards, and authorised to export this meat by _____, of _____ (dd/mm/yyyy);]</p> <p>(*)AND/OR</p> <p><input type="checkbox"/> [(b) _____ meets GB requirements for territory/ies with supplementary guarantee code A;]</p> <p>(*)AND/OR</p> <p>AH/E003 Establishment requirements (holding)</p> <p>has been obtained from animals coming from holdings:</p> <p>(a) _____ in which none of the animals present therein have been vaccinated against (*)[foot-and-mouth disease or] rinderpest;</p> <p><input type="checkbox"/> [(b) _____ in which in the holdings situated in their vicinity within 10 km, there has been no case/outbreak of foot-and-mouth disease or rinderpest during the previous 30 days;]</p> <p>(*)EITHER</p> <p><input type="checkbox"/> [(b) _____ that meet the GB requirements for holdings in territory/ies with supplementary guarantee code A;]</p> <p>(*)AND/OR</p> <p>(c) _____ where regular veterinary inspections are carried out to diagnose diseases transmissible to humans or animals and, these holdings are not subject to prohibition as a result of an outbreak of brucellosis during the previous six weeks;</p> <p>AH/E300A Establishment requirements (slaughterhouse)</p> <p>has been obtained in an establishment around which, within a radius of 10 km, there has been no case/outbreak of the diseases referred to in point AH/T during the previous 30 days or, in the event of a case/outbreak of disease, the preparation of meat for importation to Great Britain has been authorised only after slaughter of all animals present, removal of all meat, and the total cleaning and disinfection of the establishment under the control of an official veterinarian;</p> <p>AH/A001 Animal requirements (residency)</p> <p>has been obtained from animals that:</p> <p><input type="checkbox"/> [have remained in the territory described in AH/T since birth, or for at least the last three months before slaughter;]</p> <p>(*)EITHER</p> <p><input type="checkbox"/> [have been introduced on _____ (dd/mm/yyyy) into the territory described in AH/T from the _____ territory/ies with code(s) _____ that at that date was authorised to import this fresh meat into Great Britain;]</p> <p>(*)AND/OR</p> <p><input type="checkbox"/> [have been introduced on _____ (dd/mm/yyyy) into the territory described in AH/T, from Great Britain;]</p> <p>(*)AND/OR</p> <p>AH/A050 Animal requirements (separation)</p> <p><input type="checkbox"/> (*)[has been obtained from animals that have remained since birth or for the last 3 months separate from wild cloven-hoofed animals;]</p> <p>AH/A604 Animal requirements (other)</p> <p>has been obtained from animals which:</p> <p><input type="checkbox"/> (*)[(a) _____ have been transported from their holdings in vehicles, cleaned and disinfected before loading, to an approved slaughterhouse without contact with other animals which did not comply with the conditions referred to in AH/T, AH/A001 and AH/E003;]</p> <p>(*)EITHER</p> <p>(b) _____ at the slaughterhouse, have passed ante-mortem health inspection during the 24 hours before slaughter</p>		

Part II: Certification

II. Υγειονομικές πληροφορίες

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 confirmed or is officially suspected;]

(*) Keep as appropriate.

Certifying Officer

Name (in capital letters)

Qualification and title

Ημερομηνία υπογραφής

Υπογραφή

Part II: Certification	II. Υγειονομικές πληροφορίες		
	Σφραγίδα		