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| **Request for Health Certificate for Exporters**

|  |  |
| --- | --- |
| **Name and full address of Exporter:** |  |
| **Date of application:** |  |
| **Destination Country:** |  |
| **Name and full address of Importer/Customer:** |  |
| **Dispatch date (minimum of 7 calendar days from date of application):** |  |
| **Means of Transport:** | **Air  Ship  Road  Rail ** |
| **Conditions of transport/storage:** **(Chilled/frozen/ambient, etc. )** |  |
|  |
| **Identification of food products as described below (please duplicate sections to use for multiple products as required)** |
| 1. **Nature of the food**
 | **Species** | **Intended purpose** |
|  |  |  |
| **Producer/Manufacturer** | **Approval number of establishment** |
|  |  |
| **Name of the product** | **Lot Identifier** | **Type of packaging** | **Net weight** |
|  |  |  |  |
| 1. **Nature of the food**
 | **Species** | **Intended purpose** |
|  |  |  |
| **Producer/Manufacturer** | **Approval number of establishment** |
|  |  |
| **Name of the product** | **Lot Identifier** | **Type of packaging** | **Net weight** |
|  |  |  |  |
| 1. **Nature of the food**
 | **Species** | **Intended purpose** |
|  |  |  |
| **Producer/Manufacturer** | **Approval number of establishment** |
|  |  |
| **Name of the product** | **Lot Identifier** | **Type of packaging** | **Net weight** |
|  |  |  |  |
|  |
| **Wording required for certificate: (as requested by customer or from information provided by the embassy of the destination country):** |
|  |
| **I attach copies of commercial invoices or packing lists** |
| **Signed:** |  |
| **Full name:** |  |
| **Position in Company:** |  |
| **Contact Tel. No:** |  |
| **Upon completion please return the form to** **environmentalhealth@eastdevon.gov.uk** |

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