

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 0205 Meat of horses, asses, mules or hinnies, fresh, chilled or frozen																					
#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 wild solipeds described in Part I of this certificate:</p> <p>AH/E202 Game handling establishment</p> <p>has been obtained from wild animals which after killing were transported within 12 hours for chilling (*) <input type="checkbox"/> [to a collection centre, and immediately afterwards] to an approved game-handling establishment that meets GB requirements;</p> <p>AH/A307 Animal requirements (killing)</p> <p>has been obtained from wild animals that were killed between . (dd/mm/yyyy) and (dd/mm/yyyy) inside the territory/ies with code: ;</p> <p>AH/P001 Product requirements</p> <p>has been obtained and prepared without contact with other meats not complying with the conditions required in this certificate;</p> <p>Public Health</p> <p>I, the undersigned official veterinarian, declare that I am aware of the relevant requirements of the GB Regulations, and certify that the meat of wild solipeds belonging to the subgenus Hippotigris (zebra) described in Part I of this certificate was produced in accordance with those provisions, in particular that:</p> <p>PH/E100A Establishment requirements</p> <p>the establishment(s) where the product(s) come(s) from operate(s) under the HACCP principles in accordance with GB regulations;</p> <p>PH/P108B Production requirements</p> <p>it has been obtained in accordance with the relevant GB regulations;</p> <p>PH/I003 Inspection</p> <p>has been found fit for human consumption following post-mortem inspections in accordance with GB regulations;</p> <p>PH/MK003 Marking requirements</p> <p>(*) <input type="checkbox"/> [the carcass or parts of the carcass] (*) <input type="checkbox"/> [the packages of meat] have been marked in accordance with the GB regulations;</p> <p>PH/MB001A Microbiological criteria</p> <p>the product(s) described in Part I of this certificate satisfies (satisfy) the relevant microbiological criteria set in GB regulations;</p> <p>PH/RP001 Residue plans</p> <p>the guarantees provided by the residue monitoring plans submitted to GB by the country of origin are fulfilled, in accordance with GB regulations;</p> <p>PH/S100 Storage and transportation requirements</p> <p>it has been stored and transported in accordance with relevant GB regulations;</p> <p>PH/D107 Trichinella requirements</p> <p>the meat fulfils the requirements set out in relevant GB regulations for Trichinella, in particular, has been subject to an examination by a digestion method with negative results;</p> <p>(*) Keep as appropriate.</p>		
<p>Certifying Officer</p> <p>Name (in capital letters) Qualification and title</p> <p>Date of signature Signature</p> <p>Stamp</p>			

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			Κωδικός	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			I.16 Entry Point		
Τύπος	Έγγραφο	Ταυτοποίηση			
I.18. Transport conditions σε θερμοκρασία <input type="checkbox"/> Controlled temperature <input type="checkbox"/> Σε ψύξη <input type="checkbox"/> Κατεψυγμένα <input type="checkbox"/> περιβάλλοντος <input type="checkbox"/>			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 <input type="checkbox"/> Φαρμακευτική χρήση <input type="checkbox"/> Άλλο <input type="checkbox"/> Τεχνική χρήση <input type="checkbox"/> Production of petfood <input type="checkbox"/> Τροφές για ζώα συντροφιάς <input type="checkbox"/>					
I.21. For transit through a third country <input type="checkbox"/> Country _____ Κωδικός ISO _____ EU Exit Authority _____ BCP code _____ EU Entry Authority _____ BCP code _____			I.22. For transit through Member State(s) <input type="checkbox"/> 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 0205 Κρέατα αλόγων, γαϊδουριών ή μουλαριών, νωπά, διατηρημένα με απλή ψύξη ή κατεψυγμένα					
#1.	Εμπόρευμα	Ποσότητα	Καθαρό βάρος		Πλήθος πακέτων
Είδος		Αναγνωριστικός αριθμός	Σύστημα ταυτοποίησης		

Part II: Certification	II. Υγειονομικές πληροφορίες										
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Certifying Officer											
Name (in capital letters)	Qualification and title										
Ημερομηνία υπογραφής	Υπογραφή										
Σφραγίδα											