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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**](mailto:environmentalhealth@eastdevon.gov.uk) | | | | | | | |