

MOVEMENT CERTIFICATE

1. Exporter (Name, full address, country) **EUR-MED** No. **A 000567**

See notes overleaf before completing this form

3. Consignee (Name, full address, country) (Optional)

2. Certificate used in preferential trade between

and

 (Insert appropriate countries, groups of countries or territories)

4. Country, group of countries or territory in which the products are considered as originating

5. Country, group of countries or territory of destination

6. Transport details (Optional)

7. Remarks

Cumulation applied with
 (Name of the country/countries)

No cumulation applied.
 (Insert X in the appropriate box)

8. Item number; Marks and numbers; Number and kind of packages (1); Description of goods

9. Gross mass (kg) or other measure (litres, m³, etc.)

10. Invoices (Optional)

SPECIMEN

1) If goods are not packed, indicate number of articles or state 'in bulk' is appropriate.

2) Complete only where the regulations of the exporting country or territory require.

11. CUSTOMS ENDORSEMENT

Declaration certified. Stamp

Export document (2): Form No.

Of

Customs office:

Issuing country or territory:

.....

Place and date:

.....

(Signature)

12. DECLARATION BY THE EXPORTER

I, the undersigned, declare that the goods described above meet the conditions required for the issue of this certificate.

.....
 (Place and date)

.....
 (Signature)