



**QUALITY CONTROL AND RESEARCH SECTION**

**Application – Health Certificate for Exports to the EU or to the US Market**

<b>I.1. Consignor</b>			
Name :			
Address :			
Postal Code			
Tel. No. :			
<b>I.5. Consignee</b>			
Name :			
Address :			
Postal Code			
Tel. No. :			
<b>I.7. Country of origin</b>	ISO code	<b>I.8. Region of origin</b>	Code
YANGON, MYANMAR	MM	MYANMAR	MM
<b>I.9. Country of destination</b>	ISO code		
<b>I.11. Place of Origin</b>			
Name:		Approval number:	
Address:			
<b>I.13. Place of loading</b>			
YANGON, MYANMAR			
<b>I.14. Date of departure</b>			
<b>I.15. Means of Transport</b>		<b>I.16. Entry BIP into EU/US</b>	
Aeroplane†	Ship†	Railway	
Wagon†			
Road vehicle†	Other†		
Identification :			
Documentary References:			
<b>I.18. Description of commodity</b>		<b>I.19. Commodity code (HS code)</b>	
		<b>I.20. Quantity</b>	
		NET WT : KGS	
		GROSS WT: KGS	
<b>I.21. Temperature of product</b>		<b>I.22. Number of packages</b>	
Ambient†	Chilled†	Frozen	
		No. CARTONS: CARTONS	
<b>I.23. Identification of container / Seal number</b>		<b>I.24. Type of packaging</b>	
		MASTER CARTONS	

I.25. Commodities certified for					
I.27. For import or admission into EU/US <input type="checkbox"/>					
I.28. Identification of the commodities					
Species (Scientific name)	Nature of commodity Wild Caught	Treatment type	Approval N <sup>o</sup> of establishment Manufacturing plant	N <sup>o</sup> of packages	Net weight

**Applicant declaration: (to be completed by applicant)**

I declare that:

- a) I am authorised to make this application as the exporter or person with legal authority to act on behalf of the exporter;
- b) I accept that issued Health Certificates depends on regulatory compliance and ongoing performance against requirements laid down under the relevant EU/US regulations and procedures described in the National Fishery Products Control Plan issued and managed by DOF;
- c) the information supplied in this application is truthful and accurate to the best of my knowledge.

<b>Name:</b>	<b>Signature:</b>
<b>Designation:</b>	<b>Date:</b>

**ICS Inspector Evaluation**

On-site verification: <input type="radio"/> Yes <input type="radio"/> No/Certificate allowed		
Date:	Sign:	
Result of verification: <input type="radio"/> Compliant/Certificate allowed <input type="radio"/> Non- Compliant/Certificate on hold		
Pre-verification Reference:	Date:	Sign: