#### ANNEX III B TO PROTOCOL B

# Specimens of movement certificate EUR-MED and application for a movement certificate EUR-MED

## Printing instructions

- 1. Each form shall measure 210 x 297 mm; a tolerance of up to minus 5 mm or plus 8 mm in the length may be allowed. The paper used must be white, sized for writing, not containing mechanical pulp and weighing not less than 25 g/m<sup>2</sup>. It shall have a printed green guilloche pattern background making any falsification by mechanical or chemical means apparent to the eye.
- 2. The competent authorities of the contracting parties may reserve the right to print the forms themselves or may have them printed by approved printers. In the latter case, each form must include a reference to such approval. Each form must bear the name and address of the printer or a mark by which the printer can be identified. It shall also bear a serial number, either printed or not, by which it can be identified.

### MOVEMENT CERTIFICATE

1.	Exporter (Name, full address, country)	EUR-MED No A 000.000				
		See notes overleaf before completing this form.				
		2. C	ertificate u	sed in prefer	ential tra	de between
3.	Consignee (Name, full address, country) (Optional)	and				
		(Insert appropriate countries, groups of countries or territories)				
		co in aı	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. R	emarks			
		Cun	nulation	applied v	vith	•••••
			of the country cumulati	y/countries) ion applie	d.	
				11		
				propriate box		
8.	Item number; Marks and numbers; Number and kind Description of goods	of packa	ages (1);	9. Gross (kg) or measu (litres, etc.)	r other re	10. Invoices (Optional)
	CUSTOMS ENDORSEMENT			-		EEXPORTER
Declaration certified Export document (2) Form		I, the undersigned, declare that the good described above meet the conditions required fo the issue of this certificate.				
			Place and date			
			(Signature)			

13. REQUEST FOR VERIFICATION, to	14. RESULT OF VERIFICATION

<sup>(1)</sup> If goods are not packed, indicate number of articles or state « in bulk » as appropriate

<sup>(2)</sup> Complete only where the regulations of the exporting country or territory require.

	Verification carried out shows that this certificate (1)
	was issued by the customs office indicated and that the information contained therein is accurate.
	does not meet the requirements as to authenticity and accuracy (see remarks appended).
Verification of the authenticity and accuracy of this certificate is requested.	
(Place and date)	(Place and date)
Stamp	Stamp
(Signature)	(Signature)
	(1) Insert X in the appropriate box.

#### **NOTES**

- 1. Certificate must not contain erasures or words written over one another. Any alterations must be made by deleting the incorrect particulars and adding any necessary corrections. Any such alteration must be initialled by the person who completed the certificate and endorsed by the Customs authorities of the issuing country or territory.
- 2. No spaces must be left between the items entered on the certificate and each item must be precede by an item number. A horizontal line must be drawn immediately below the last item. Any unused space must be struck through in such a manner as to make any later additions impossible.
- 3. Goods must be described in accordance with commercial practice and with sufficient detail to enable them to be identified.

# APPLICATION FOR A MOVEMENT CERTIFICATE

1.	Exporter (Name, full address, country)		EUR-	MED	No	<b>A</b> 000.000
			See notes	overleaf befo	ore comple	eting this form.
		2.	Application f trade betwee		ite to be u	sed in preferential
3.	Consignee (Name, full address, country) (Optional)			ar	ıd	
		4.	Country, gro countries or in which the are considered originating	up of territory products	5. Cou	countries or territories) Intry, group of Intries or territory of Itination
6.	Transport details (Optional)	7.	Remarks			
		(na	umulation me of the country o cumulation	/countries)		
0	Item number; Marks and numbers; Number and kind		sert X in the ap	propriate box  9. Gross		10. Invoices
8.	Description of goods	or be	ickages (*)	(kg) on measu (litres, etc.)	other re	(Optional)

(1)

# **DECLARATION BY THE EXPORTER**

I, the undersi	gned, exporter of the goods described overleaf,
DECLARE	that the goods meet the conditions required for the issue of the attached certificate;
SPECIFY	as follows the circumstances which have enabled these goods to meet the above conditions:
SUBMIT	the following supporting documents (1):
UNDERTAK	KE to submit, at the request of the appropriate authorities, any supporting evidence which these authorities may require for the purpose of issuing the attached certificate, and undertake, if required to agree to any inspection of my accounts and to any check on the processes of manufacture of the above goods, carried out by the said authorities;
REQUEST	the issue of the attached certificate for these goods.
	(Place and date)
	(Signature)

For example: import documents, movement certificates, invoices, manufacturer's declarations, etc., referring to the products used in manufacture or to the goods re-exported in the same state.