#### 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

Exporter (Name, full address, country)		EUR-MED	No	Α	000.000
		See notes overleaf before	completi	ng this	s form.
	2. Ce	rtificate used in preferential t	rade betv	veen	
3. Consignee (Name, full address, country) (Option	nal)	And			
		ert appropriate countries, gro			
	co wi co	ountry, group of untries or territory in nich the products are nsidered as iginating		tries o	oup of or territory of
6. Transport details (Optional)	7. Re	emarks			
	(name □ <b>No</b> c	ulation applied with of the country/countries) umulation applied.		•	
8. Item number; Marks and numbers; Number ar					ivoices
Description of goods  11. CUSTOMS ENDORSEMENT		(kg) or oth measure (litres, m³, etc.)			Optional)
Declaration certified Export document (2) FormNo Of Customs office		I, the undersigned, described above meet the issue of this certifica	declare the condate.	that ditions	the goods required for
Issuing country or territory Stam	р	Place and date			
Place and date					
(Signature)		(Signa			

<sup>(1)</sup> If goods are not packed, indicate number of articles or state « in bulk » as appropriate (2). Complete only where the regulations of the exporting country or territory require.

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

- 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.
- 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 A 000.000			000.000			
		See notes overleaf before completing this form.						
		2.	Application f trade between	n				
3.	Consignee (Name, full address, country) (Optional)		and					
		(Ir	nsert appropriat	e countries or				
		4.	Country, gro countries or which the pro considered a originating	up of territory in oducts are	5. C	oun	try, gr	oup of r territory of
6.	Transport details (Optional)	7.	Remarks					
		(na	Cumulation app me of the count No cumulation	try/countries)			-	
		(Ins	sert X in the app	propriate box)				
8.	Item number; Marks and numbers; Number and kind of Description of goods	pack	ages <sup>(1)</sup>	9. Gross (kg) or measu (litres, etc.)	other re			ivoices Optional)

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

## **DECLARATION BY THE EXPORTER**

I, the under	signed, 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 enable these goods to meet the above conditions:
SUBMIT	the following supporting documents (1):
UNDERTA	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.