

Certificate number (No)

Appendix to Health Certificate number (No)

Type and name of products	Number of packages	Net weight (kg)	Date(s) of processing	Shelf life

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Type and name of products	Number of packages	Net weight (kg)	Date(s) of processing	Shelf life

Done at (place) _____ Date _____

Official stamp ⁽¹⁾_____
Signature of the official veterinarian ⁽¹⁾_____
Name clarification and official position in capital letters⁽¹⁾ Signature and stamp must be in a different colour to that of the printed certificate