

MOVEMENT CERTIFICATE

1. Exporter (Name, full address, country)	EUR-MED No A 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 <input type="checkbox"/> Cumulation applied with (Name of country/countries) <input type="checkbox"/> 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)
11. CUSTOMS ENDORSEMENT Declaration certified 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)

⁽¹⁾ 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 require.