I.1. Consignor / Exporter

Name

Address Auto-populated in Tab - 2 Exporter from your

exporter registration details. Mandatory.

Tel

I.5. Consignee / Importer

Name

Address

Populated in Tab - 3 Consignee. Name and Address are mandatory Telephone is optional.

Tel



Australian Government

Export Control Act

HEALTH CERTIFICATE FOR THE IMPORT OF HONEY, ROYAL JELLY AND OTHER APICULTURE PRODUCTS FROM NON-EU COUNTRIES



I.2. Certificate reference No.

Auto populated from NEXDOC

I.2.a

I.3. Central Competent Authority

DEPARTMENT OF AGRICULTURE, FISHERIES AND FORESTRY

I.4. Local Competent Authority

DEPARTMENT OF AGRICULTURE, FISHERIES AND FORESTRY

I.6. Operator responsible for the consignment

Populated in Tab - 4 Consignee Address:

Optional.

I.7. Country of origin	ı ISO code	I.8.		I.9. Country of destination	ISO code	I.10.
AUSTRALIA	AU			Auto po	pulated from NEXDOC	
I.11. Place of dispate	h			I.12. Place of destination		
Name Approval no Address	Populated in <i>Tab</i> - 8 <i>Additional Detail</i> Provide the export establishment numl establishment must be listed for this m establishment will automatically appear Mandatory.	er issued by the departme arket. The Name and Addr	nt. The ress of the	Name Populated in Tab - 5 Transport. Mandatory. Address		
I.13. Place of loading	Populated in <i>Tab - 5 Transport</i> . Man	datory.		I.14. Date of departure Populated in <i>Tab - 5 Transport.</i> Mandator	Time of depar ry. Not applicable.	ture
I.15. Means of transport Aeroplane/Vessel/Railway/Road Vehicle/Other			I.16. Entry BCP Populated in Tab - 5 Transport. Mandatory.			
Populated in <i>Tab - 5 Transport</i> . Mandatory. If <i>Air</i> , flight number is mandatory. If <i>Sea</i> , Vessel name is mandatory.			I.17. Accompanying documents Type: Populated in Tab - 9 Attachments. Optional to display on certificate. Number:			
I.18. Transport condition Populated in <i>Tab 1 - Products</i> . Ambient/Chilled/Frozen: You must have the same <i>Preservation Type</i> for all product lines. Mandatory.				I.19. Container No / Seal No Populated in Tab 1 - Products. Maximum of two unique containers and seals. Mandatory for sea freight.		
				1.20. Goods certified as Human Consumption Aut	o populated from NEXDOC	
I.21.				1.22.		
I.23. Total number of packages Populated in Tab 1 - Products > Outer packaging > Quantity. This field displays the totality from all product lines. Mandatory.				I.24. Quantity Populated in Tab 1 - Products > Inner packaging > Quantity. This fie		This field displays the
I.25. Identification of the commodities Auto populated by NEXDOC by No/ Code and CN title Populated in Tab 1 - Products > CN code. Mandatory. You must have the same CN code for all product lines. Mandatory.				displays the totality from all product lin Mandatory.		totality from all product lines. Mandatory.

Spe	cies
(Scientif	ic name)

Populated in Tab 1 - Products Select a category type and NEXDOC will automatically display the relevant species The category type will display below. Mandatory.

Treatment type

Populated in Tab 1 - Products Additional Details You must select from the relevant options. Mandatory

Manufacturing plant

Populated in Tab 1 - Products > Production Processes You must provide the establishment number issued by the department The establishment must be listed for this market. Mandatory.

Cold Store

packages Auto populated 'N/A' Populated in Tab 1 - Products > Outer packaging > Quantity. Mandatory

Number of Type of packaging

Populated in Tab 1 - Products > Outer packaging > Package type. Mandatory.

Net weight / Batch No

Populated in Tab 1 - Products > Net metric weight amount/unit and Batch code. Mandatory

Final consumer Populated in Tab 1 > Product > Final Consumer indicator. Yes or No option. The response must be the same for all product lines. Mandatory.

> Page 1 of 2 NGBA - 02/23

			SAMPLE				
II. Cert	ification	II.a. Certificate reference No	II.b.				
		Auto populated from NEXDOC					
II.1 Pub	olic Health Attestation						
I, the un Regulati	dersigned, declare that I am aware of the relevant provisions of Regulation (EU) 2017/625, and I certify that honey and other apiculture products described the control of	(EC) No 178/2002, Regulation (EC) No 852/2004, Regulation (escribed above were produced in accordance with these requiren	EC) No 853/2004 and nents, in particular that they:				
	(a) come from (an) establishment(s) implementing a programme based on the hazard analysis and critical control points (HACCP) principles in accordance with Article 5 of Regulation (EC) No 852/2004;						
	(b) have been handled and, where appropriate, prepared, packaged and stored in a hygienic manner in accordance with the requirements of Annex II to Regulation (EC) No 852/2004; and						
	(c) fulfil the guarantees covering live animals and products thereof provided by the residue plans submitted in accordance with Council Directive 96/23/EC, and in particular Article 29 thereof.						
Notes							
	References to European Union legislation within this certificate are references to direct EU legislation which has been retained in Great Britain (retained EU law as defined in the European Union (Withdrawal) Act 2018) and can be viewed on the UK legislation website (legislation.gov.uk).						
	References to Great Britain in this certificate include Channel Islands and Isle of Man.						
	See notes in Annex II of Commission Regulation (EU) 2019/628 as regards these model certificates.						
Part I:	-Box reference I.11: Place of dispatch: Approval number means registration	on number.					
	-Box reference I.25: Insert the appropriate Harmonised System (HS) code(s) using headings such as: 0409, 0410, 0510, 1521, 1702 or 2106.						
	-Box reference I.25: Treatment type: state 'ultrasonication', 'homogenisation', `ultrafiltration', 'pasteurisation', 'no thermal treatment'.						
Part II:							
	-The colour of the stamp and signature must be different from that of the o	other particulars in the certificate.					

Official Inspector

A departmental Authorised Officer will complete this section Stamp

A departmental Authorised Officer will complete this section

Name (in capital letters), Qualification and title

A departmental Authorised Officer will complete this section Date

A departmental Authorised Officer will complete this section

Signature

Page 2 of 2 NGBA - 02/23