

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS

IMPORTANT NOTE: THIS SUPPORTING ATTESTATION IS NOT AN OFFICIAL EXPORT HEALTH CERTIFICATE (EHC). IT IS TO BE USED FOR INTERNAL MOVEMENT WITHIN THE UK ONLY. IT SUPPORTS THE FINAL CERTIFICATION OF FISHERY PRODUCTS AND SHELLFISH FOR DIRECT EXPORT TO THE EU OR MOVEMENTS TO NORTHERN IRELAND UNDER THE NORTHERN IRELAND PROTOCOL

Part I: Support Attestation

Support Attestation Number

(For Office Use Only)¹

I, the undersigned designated Food Competent Certifying Officer, hereby declare that I have inspected the premises below according to the Risk Based Fish Export Certification guidance and a recorded risk assessment held by

relating to this premises:

(Insert Local Authority)

Approved food establishment number:

Name and address of the Food Business operator, if different:

¹ On submission of your application a unique reference number will be assigned to your application. Please do not enter details here.

Name, address and approval number of the establishment(s) to which the consignment will be dispatched (e.g. exporting depots/logistics hubs):

And, having reviewed the above-mentioned supplier's processes, consider this premises to be operating to the requirements of Part II.1 (Public health attestation) of the *fishery Products EHC / *Live bivalve Molluscs, Echinoderms, Tunicates and Marine Gastropods for human consumption, EHC. (*delete as appropriate)

Date of Inspection:

This health attestation is valid until (date of expiry) or sooner if I become aware of any changes to the above supplier's circumstances or delivery of safe food for placing on the UK or EU market. If I am notified or become aware of changes that affect the validity of the attestation or date of expiry below, I will notify the Certifying Officer(s) responsible for the certification of exports from the establishment(s) identified in this attestation and will revoke this supporting attestation or provide a new supporting attestation.

Date of Expiry:

[In accordance with the <u>Defra RBFEC Guidance</u> on risk based inspections for Fishery products and the Food Law Code of Practice risk assessment]

Signature:	
Name:	
Address:	
Date:	

OFFICIAL STAMP

Part	II:	Supplier	Declaration
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Support Attestation Number:

(For Office Use Only)²

I				(Fu]	ll Name),
Being	(Official	position	in	the	company)
Of					

(Name and address of supplying³ company),

have authority and responsibility to sign this declaration on behalf of the supplying company.

Approved food establishment number

I hereby declare that the details set out below include a complete list of the products of animal origin (limited to fishery products or Live Bivalve Molluscs, tunicates gastropods or echinoderms) supplied to

(Company name of logistics hub operator).

I declare that no changes have been made or taken place at this premises and no events have occurred to affect the validity of the attestation, in relation to the premises and the production process, as inspected by the Certifying Officer who signed the accompanying attestation. I understand that the consequences of supplying erroneous, misleading or false

² On submission of your application a unique reference number will be assigned to your application. Please do not enter details here.

³ Supplying means sending or routing goods to or via a logistics centre, distribution centre or other premises, whether for export by another party or not or via an agent.

declarations, which will be relied upon by the Certifying Officer in respect of the verifications required in the relevant export health certificate, may include but are not limited to:

- rejection of the exported product the Border Control Post (BCP) and the financial consequences to this company that may arise;
- increased levels of inspection and verification and the associated costs to this company;
- the withdrawal of certification services by the Competent Authorities;
- revocation of the supporting attestation(s) that are in force.

Part III: Details of the product(s)

Section A: Origin and Destination of the products(s)

a) Name, address and approval number of the establishment <u>from</u> which the consignment will be dispatched (the premises of origin):

b)Name, address and approval number of the establishment <u>to</u> which the consignment will be dispatched (the logistics hub):

Section B: Category of product(s):

*delete as necessary

*Fishery Products / *Live bivalve Molluscs, Echinoderms, Tunicates and Marine Gastropods for human consumption

Product name or description		
Type of packaging		
Transport conditions (Ambient, chilled or frozen)		
Region of origin		

Species (scientific names)	Nature of commodity (Wild / aquaculture)	Treatment type (chilled, frozen or processed)	Approval number of establishment	Manufacturing plant i.e. freezer vessel, cold store, processing plant

Authorised b	у У
Name:	
Signature:	
Position:	
Date:	