

Part I : Details of dispatched consignment	1. Consignor / Exporter		2. CVED reference number		Local reference number:	
	<input type="checkbox"/> Name		Border Inspection Post			
	Address		TRACES Unit Number :			
	Country					
	3. Consignee		4. Person responsible for load			
	Name		Name			
	Address		Address			
	Country		Country			
	5. Importer		6. Country of origin + ISO code		7. Country from where consigned + ISO code	
	Name					
Address		8. Delivery address				
Country						
9. Arrival at BIP (estimated date)		10. Veterinary documents				
11. Vessel name / Flight No.		Number(s)				
Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/>		Date of issue				
Identification::		Establishment of origin(where relevant)				
Documentary references:		Veterinary approval number				
16. Seal number and Container number						
17. Transhipment to			18. For transit to 3rd Country			
EU BIP		TRACES unit no.	To 3rd Country		+ ISO code	
3rd country		3rd Country ISO code:	Exit BIP:		TRACES unit no.	
19. Conform to EU requirements			20. For re-import			
Conforms						
Does NOT conform						
21. For internal market			22. For NON- Conforming consignments			
Human consumption:			Customs warehouse		Registered No.	
Animal feedingstuff:			Free zone or Free warehouse		Registered No.	
Pharmaceutical use:			Ship supplier		Registered No.	
Technical use:			Direct to a ship		Name	
Other:					Port	
12. Nature of goods, Number and type of packages						
Species Net Weight (kg) Number of packages Type of packages						
12. Total Number of packages		14. Total Gross Weight (kg)		15. Total Net Weight (kg)		
Temperature		Chilled: <input type="checkbox"/>	Frozen: <input type="checkbox"/>	Ambient: <input type="checkbox"/>		
23. Declaration			Place and date of declaration			
I, the undersigned person responsible for the load detailed above, certify that to the best of my knowledge and belief the statements made in section I of this document are true and complete and I agree to comply with the legal requirements of directive 97/78/EC, including payment for veterinary checks, for repossession of any consignment rejected after transit across the EU to a third country (Article 11.1.c), or costs of destruction if necessary.			Name of signatory			
			Signature			

Part II: decision on consignment	24. Previous CVED: No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> Reference number:	25. CVED Reference Number: _____ Local reference number: _____	
	26. Documentary Check: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	27. Identity Check: Seal check <input type="checkbox"/> OR Full identity check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	
	28. Physical Check: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> Not done 1. Reduced checks regime <input type="checkbox"/> 2. Other <input type="checkbox"/>	29. Laboratory Tests: No <input type="checkbox"/> Yes <input type="checkbox"/> Tested for:: Random <input type="checkbox"/> Suspicion <input type="checkbox"/> Re-enforced <input type="checkbox"/> Results:: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> Released pending a result <input type="checkbox"/>	
	30. ACCEPTABLE for Transhipment: EU BIP <input type="checkbox"/> TRACES unit no. _____ 3rd country <input type="checkbox"/> 3rd Country ISO code _____	31. ACCEPTABLE for Transit Procedure <input type="checkbox"/> To 3rd Country _____ + ISO code _____ Exit BIP _____ TRACES unit no. _____	
	32. ACCEPTABLE for Internal Market For Free Circulation Human consumption: <input type="checkbox"/> Animal feedingstuff: <input type="checkbox"/> Pharmaceutical use: <input type="checkbox"/> Technical use: <input type="checkbox"/> Other: <input type="checkbox"/>	33. ACCEPTABLE if channelled Article 8 procedure <input type="checkbox"/> Re-import of EU products (Article 15) <input type="checkbox"/>	
	35. NOT ACCEPTABLE 1. Re-export <input type="checkbox"/> 2. Destruction <input type="checkbox"/> 3. Transformation <input type="checkbox"/> By Date: _____	34. ACCEPTABLE for Specific Warehouse Procedure(Articles 12.4 and 13) Customs warehouse <input type="checkbox"/> Free zone or Free warehouse <input type="checkbox"/> Ship supplier <input type="checkbox"/> Direct to a ship <input type="checkbox"/>	
	37. Details of Controlled Destinations (33-35) Approval no (where relevant) _____ Address _____	36. Reason for Refusal 1. Absence/Invalid certificate <input type="checkbox"/> 2. Non approved country <input type="checkbox"/> 3. Non approved establishment <input type="checkbox"/> 4. Prohibited product <input type="checkbox"/> 5. ID: Mis-match with documents <input type="checkbox"/> 6. ID: Health mark error <input type="checkbox"/> 7. Physical hygiene failure <input type="checkbox"/> 8. Chemical contamination <input type="checkbox"/> 9. Micro biological contamination <input type="checkbox"/> 10. Other <input type="checkbox"/>	
	38. Consignment Resealed New seal no: _____	40. Official Veterinarian I the undersigned official veterinarian, or designated official agent, certify that the veterinary checks on this consignment have been carried out in accordance with EU requirements. Signature: _____ Name (in Capital): _____ Date: _____	
	39. Full identification of border inspection post/competent authority and official stamp.	42. Customs Document Reference: 43. Subsequent CVED Number(s): _____	
	41. Exit Transit BIP: Formalities of exit from the EC and checks made of transiting goods confirmed in accordance with Article 11.2(e) of Directive 97/78/EC: Exit BIP <input type="checkbox"/> Final destination BIP <input type="checkbox"/> Local Veterinary Unit <input type="checkbox"/> Conformity of the consignment No <input type="checkbox"/> Yes <input type="checkbox"/> Date _____ Stamp _____	42. Customs Document Reference: 43. Subsequent CVED Number(s): _____	