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|  | **شهادة المطابقة وشهادة المنتجات المستوردة الأخرى الخاضعة للتدابير الفنية** |  |
| Date of Issue: Date of Issue | **Conformity Assessment and Certificate for other imported products subject to technical measures** |  |
| Name & Address of Importer:Importer |  |
| Name & Address of Exporter: Exporter: |  |
| Point of Entry: Point of entry  |  |
| Purpose of Entry: Choose an item. |  |
| Country of Origin: Country of origin |  |
| Country of Export: Country of export |  |
| Type of Entry Point: Choose an item. |  |
| Point of Entry: Point of entry |  |
| Means of transport: Choose an item. |  |
| Means of transport ETA: Click here to enter a date. |  |
| Make and identification of MOT (if available): MOT |  |
| Border inspection post: Border inspection post: |  |
| Arrival at BIP (ETD): Date: Date Time: Time |  |
| Documents: |  |
| Number(s): Numbers |  |
| Date of issue: Date of issue |  |
| Accompanying document(s): Accompanying document(s) |  |

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| **Tariff number:**  | **Commercial description:** | **Purpose of commodity:** | **Model and manufacturer (if appropriate):** | **Type of packages:** | **Number of packages:** |
| Tariff number | Description | Purpose | Model and manufacturer | Type of packages | Number of packages |
| Tariff number | Description | Purpose | Model and manufacturer | Type of packages | Number of packages |
| Tariff number | Description | Purpose | Model and manufacturer | Type of packages | Number of packages |
| Tariff number | Description | Purpose | Model and manufacturer | Type of packages | Number of packages |

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| Total number of packages: Number |  |
| Technical documentation enclosed: Yes [ ]  No [ ]  |  |
| Commodity intended for: Choose an item. |  |
| If other, please specify: Please specify |  |

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| I, the undersigned person responsible for the load detailed above, certify that to the best of my knowledge and belief the statements made in Part 1 of this document are true and complete and I agree to comply with the legal requirements, including payment for inspection, as well as for re-dispatching consignments, for quarantine of plants, or costs of destruction and disposal if necessary. | Place and date of declaration: Place DateName of signatory: Name of signatorySignature: |