

Part I : Details of consignment presented	1. Consignor / Exporter		2. CVED reference number		Local reference number:	
	<input type="checkbox"/> Name		Border Inspection Post			
	Address		TRACES Unit Number :			
	Country		4. Person responsible for load			
	3. Consignee		Name			
	Name		Address			
	Address		Country			
	Country		6. Country of origin		+ ISO code	
	5. Importer		7. Country from where consigned		+ ISO code	
	Name		8. Delivery address			
Address		10. Veterinary documents		Number(s)		
Country		Date of issue		Establishment of origin(where relevant)		
9. Arrival at BIP (estimated date)		Veterinary approval number				
11. Vessel name / Flight No.		12. Nature of goods, Number and type of packages		13. Commodity Code (CN, minimum first 4 digits)		
Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/>				14. Gross weight (kg)		
Identification::				15. Net weight (kg)		
Wagon / Vehicle / Trailer No.:						
Number of packages		Type of packages				
Temperature		Chilled: <input type="checkbox"/>		Frozen: <input type="checkbox"/>		
				Ambient: <input type="checkbox"/>		
16. Seal number and Container number		17. Transhipment to		18. For transit to 3rd Country		
		<input type="checkbox"/>		<input type="checkbox"/>		
		EU BIP		To 3rd Country		
		TRACES unit no.		+ ISO code		
		3rd country		Exit BIP:		
		3rd Country ISO code:		TRACES unit no.		
19. Conform to EU requirements		20. For re-import				
Conforms <input type="checkbox"/>		<input type="checkbox"/>				
Does NOT conform <input type="checkbox"/>						
21. For internal market		22. For NON- Conforming consignments				
Human consumption: <input type="checkbox"/>		Customs warehouse <input type="checkbox"/>		Registered No.		
Animal feedingstuff: <input type="checkbox"/>		Free zone or Free warehouse <input type="checkbox"/>		Registered No.		
Pharmaceutical use: <input type="checkbox"/>		Ship supplier <input type="checkbox"/>		Registered No.		
Technical use: <input type="checkbox"/>		Direct to a ship <input type="checkbox"/>		Name		
Other: <input type="checkbox"/>				Port		
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.e), 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"/> 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: _____
	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: Conformity of the consignment No <input type="checkbox"/> Yes <input type="checkbox"/> Date _____ Stamp _____	42. Customs Document Reference: _____ 43. Subsequent CVED Number(s): _____