Western Cape Department of Agriculture

Veterinary Services

Export control

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**MOVEMENT CERTIFICATE FOR TABLE EGGS**

**INTENDED FOR EXPORT FROM THE REPUBLIC OF SOUTH AFRICA TO MOZAMBIQUE**

RESPONSIBLE VETERINARY ADMINISTRATION: Department of Agriculture Forestry and Fisheries, Private Bag X 138, Pretoria, 0001.

ISSUING VETERINARY AUTHORITY: Western Cape Department of Agriculture, Private Bag X1, Elsenburg, 7607

SV BOLAND REFERENCE NUMBER:

MOZAMBIQUE IMPORT PERMIT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISSUED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. DESCRIPTION

**1. Identification of Products:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Product Description** | **Species** | **Batch No** | **Type of packaging** | **Quantity** | **Net weight (kg)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **NET WEIGHT** |  |  |  |  |  |

**2. Origin of Products:**

1. Name and Address of Consignor (RSA):
2. Name and address of Production Establishment:

**3. Destination of Products:**

 3.1 Name and address of Consignee:

1. HEALTH ATTESTATION

I, the undersigned authorized official veterinarian, hereby certify that the TABLE EGGS mentioned on the Veterinary import permit No. **as indicated and described above**,

* 1. are not contaminated with notifiable diseases on the OIE Listed diseases 2015
	2. come from commercial layer farms
	3. are considered to be fit for human consumption
	4. were packed in a commercial egg packing station
	5. the commercial layer farms satisfy the following requirements:
		1. the layer farms supplying eggs are subjected to a bi-annual survey for Avian Influenza according to S. A. National protocol;
		2. the layer farm supplying eggs have tested negative for Avian Influenza in the past 6 months
		3. the layer farms supplying eggs are not under any disease control restrictions at present

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Signature of Official Veterinarian Stamp:

Name in print:

Designation: STATE VETERINARIAN