



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
 SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT  
 NATIONAL ASSEMBLY FOR WALES  
 DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No: .....

EXPORT OF PIGMEAT PRODUCTS TO BRUNEI

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

**I. Identification of the products**

- a) Description of products: .....
- .....
- b) Number of packages: .....
- c) Net weight: .....
- d) Shipping marks: .....

**II. Origin of products**

- a) Name, address and approval/registration number of the slaughterhouse:  
 .....  
 .....
- \*b) Name, address and veterinary approval number of the cutting plant:  
 .....  
 .....
- c) Name, address and approval/registration number of the processing  
 establishment: .....
- .....
- .....

d) Name and address of exporter: .....  
.....  
.....

**III. Destination of the products**

a) Name and address of consignee: .....  
.....  
.....

b) Means of Transportation: .....

**IV. Health information**

I, the undersigned, certify that the product described overleaf at I a) meets the following requirements:

- a) the animals from which the meat was obtained were subjected to ante-mortem inspection under official veterinary supervision with satisfactory results;
- b) the meat used in the pigmeat products was obtained under the conditions governing production and control laid down in the European Union (EU) legislation laying down hygiene rules for food of animal origin and its official controls and that it is oval marked as fit for human consumption;
- c) the products were prepared in establishments approved for export to the European Union;
- d) the meat from which this product is derived, originated in a slaughterhouse subject to a residue monitoring programme to ensure compliance with EU maximum residue levels.
- e) the United Kingdom is free from Foot and Mouth Disease in accordance with the OIE Terrestrial Animal Health Code, (without vaccination);

\* Delete if not applicable

Date: ..... Signed:.....MRCVS

Name in block letters:.....

Stamp .....

**OFFICIAL VETERINARIAN**