

SCHEDULE 11

Form of phytosanitary certificate and form of phytosanitary certificate for re-export permitted by article 15(1)

PART B

Form of a phytosanitary certificate for re-export

PHYTOSANITARY CERTIFICATE FOR RE-EXPORT

Plant protection organisation of: ..... No ..... (contracting party of re-export)
To plant protection organisation(s) of: ..... (contracting party(ies) of import)

I. Description of consignment

Name and address of exporter: .....
Declared name and address of consignee: .....
Number and description of packages: .....
Distinguishing marks: .....
Place of origin: .....
Declared means of conveyance: .....
Declared point of entry: .....
Name of produce and quantity declared: .....
Botanical name of plants: .....

This is to certify that the plants, plant products or other regulated articles described above
were imported into (contracting party of re-export) from
(contracting party of origin) covered by phytosanitary certificate No of which is attached to
this [ ] certified true copy [ ] (\*) original containers, [ ] (\*) new [ ] in original [ ]
repacked [ ] certificate; that they are packed and additional [ ] that based on the original
phytosanitary certificate inspection, they are considered to conform with the current
phytosanitary requirements of the importing contracting party, and that during storage in
(contracting party of re-export), the consignment has not been subjected to the risk of
infestation or infection.

II. Additional declaration

III. Disinfestation and/or disinfection treatment

Date: ..... Treatment: ..... Chemical (active ingredient): .....
Duration and temperature: .....
Concentration: .....
Additional information: .....

(Stamp of organisation) Place of issue: .....
Name of authorised officer: .....
Date .....
(signature)

No financial liability with respect to this certificate shall attach to ..... (name of
plant protection organisation) or to any of its officers or representatives (\*\*).

boxes. [ ] (\*) Insert tick in appropriate
(\*\*) Optional clause.