

Model health certificate for transit, immediate transit or after storage, for raw materials or treated raw material for the production of collagen/gelatine for human consumption (COL/GEL-T/S)

GBHC434 v1.1 Aug-23

Part I. Details of the dispatched consignment

I.1 Consignor / Exporter Name: Address: Tel:		I.2 Certificate reference no.	
		I.2.a Not in use	I.3 Central competent authority APHIS-VS
I.5 Consignee / Importer Name: Address: Tel:		I.6 Operator responsible for the consignment Name: Address: Tel:	
I.7 Country of origin	ISO code	I.8 Region of origin	Code
I.11 Place of dispatch Name: Address:		I.12 Place of destination <input type="checkbox"/> Customs warehouse <input type="checkbox"/> Ship supplier Name: Approval number: Address:	
I.13 Place of loading		I.14 Date of departure	
I.15 Means of transport <input type="checkbox"/> Aeroplane <input type="checkbox"/> Vessel <input type="checkbox"/> Railway <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other Identification: Documentation references:		I.16 Entry BCP	
		I.17 Not in use	

I.18 Description of commodity		I.19 Commodity code (HS code)	
I.20 Quantity		I.21 Temperature of products <input type="checkbox"/> Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen	I.23 Container No / Seal No
I.22 Number of packages		I.24 Type of packaging	
I.25 Commodity certified for: <input type="checkbox"/> Production of gelatine/collagen for human consumption			
I.26 <input type="checkbox"/> For transit through Great Britain to third country Third country ISO code		I.27 Not in use	
I.28 Identification of the commodities			
Species (Scientific name)	Manufacturing plant	Number of packages	Net weight

Part II. Certification

Animal Health

I, the undersigned official veterinarian, hereby certify, that the raw materials or treated raw materials described in Part I of this certificate:

AH/T304 Territory requirements

- (a) come from a country or region authorised for imports into Great Britain;
- (b) comply with the relevant GB animal health conditions;

Official Veterinarian / Official Inspector

By signing this certificate, I certify that the requirements laid out above and in the accompanying notes for completion have been met.

Name (in capital letters):

Qualification and title:

Date:

Signature:

Stamp:

