

SCHEDULE 12

Plant Health movement document

PART B

1. Plant health movement document as referred to in Article 1(3)(c) of Commission Directive 2004/103/EC	2. PLANT HEALTH MOVEMENT DOCUMENT No EU/.../... ⁽¹⁾
3. <u>Identification of consignment</u> ⁽²⁾ – This consignment contains produce of phytosanitary relevance — Plant, plant product or other object (Taric code): Reference number(s) of required phytosanitary documentation Country of issue: Date of issue: Distinguishing mark(s), numbers, number of packages, amount (weight/units): Reference number(s) of required customs documentation:	
4. Official registration number of importer: I, the undersigned importer, hereby request the responsible official body to carry out the official identity checks and plant health checks of the above mentioned plants, plant products or other objects at the approved place of inspection listed below and I undertake to respect the rules and procedures set out by the responsible official body. Date, name and signature of importer:	
5.1 <u>Point of entry</u>	5.2 Countersigning by official body of point of entry (date, name, service stamp and signature):
6. <u>Place(s) of inspection</u> ⁽³⁾	
A-	B-(replaces A)

Status: This is the original version (as it was originally made).

The plants, plant products or other objects are moved to the aforementioned place(s) of inspection in accordance with the agreement concluded between ⁽⁴⁾		
The consignment may not be moved to places other than those listed above unless this has been officially approved.		
7. Documentary check <input type="checkbox"/>	8. Identity check <input type="checkbox"/>	9. Plant health check <input type="checkbox"/>
Place/date: Name:	Place/date: Name:	Place/date: Name:
10. Decision:..... Release Place/date: Name: Service stamp/signature: Indicate EU Plant Passport (serial or week or batch) number where appropriate: <input type="checkbox"/> Official measure prior to submission <input type="checkbox"/> Refusal of entry <input type="checkbox"/> Movement outside the Union <input type="checkbox"/> Removal of infected/infested produce <input type="checkbox"/> Destruction <input type="checkbox"/> Quarantine period <input type="checkbox"/> Appropriate treatment Remark:		

⁽¹⁾Make reference to country code/number.

⁽²⁾Fill in box or make reference to information of phytosanitary certificate which must be attached.

⁽³⁾Make reference to “C” (Article 13c(2)(d) of Directive 2000/29/EC) or “D” (Article 13c(2)(d) of Directive 2000/29/EC).

⁽⁴⁾When appropriate, give details on agreement between the Member States’ official services, either on a case-by-case agreement or on the basis of a longer-term agreement.