1. Name and address of exporter:		2. REFORWARDING PHYTOSANITAL	2. REFORWARDING PHYTOSANITARY CERTIFICATE	
Name and address of exporter		NO. UK/GB/ISLE OF		
		MAN NUMBER		
		ORIGINAL COPY		
		OKIONAL OUT I		
3. Declared name and address of consignee:		4. Plant Protection Organisation of:		
Declared name and address of consignee		UK (ISLE OF MAN)		
		to Plant Protection Organisation(s) of:		
		ORGANISATION(S) 5. Place of origin:		
				PLACE OF ORIGIN
		6. Declared means of conveyance:		
Declared means of conveyance				
7. Declared point of entry:				
Declared point of entry				
8. Distinguishing marks: number and description; name of produce botanical name of plants: 9. Quantity declared:				
Distinguishing marks Quantity declared				
10. This is to certify: (please tick appropriate boxes): - that the plants or plant products described above were imported Contacting party of re-export (contacting party of re-export)				
(Amanaghan)				
- from Contacting party of origin (contacting party of origin) covered by Phytosanitary Certificate no. Certificate No				
and the * original certificate / * certified true copy of the certificate is attached				
- that they are ● * packed ☐ ● * repacked in ☐ ● * original ☐ ● * new containers ☐				
- that based on the original Phytosanitary Certificate 🔲 and additional inspection 🖂 they are considered to conform with the current				
- phytosanitary requirements of the importing contracting party, and that Contacting party of re-export (contacting party of re-export)				
during storage in The consignment has not been subjected to the risk of infestation or infection.				
11. Additional declaration:				
Additional declaration				
Additional declaration				
		F		
DISINFESTATION AND/OR DISINFECTION TREATMENT		Place of issue: Place of issue		
12. Treatment:				
Treatment		Date: Date	Stamp of Organization	
13. Chemical (active ingredient):	14. Duration and temperature:	Name and signature of authorised officer:	Stamp of Organisation:	
Chemical (active ingredient)	Duration and temperature	Name of officer		
15. Concentration:	16. Date:			
Concentration	Date			
17. Additional information:				
Additional information				
Auditional iniornation			1	