



HEALTH CERTIFICATE
for fresh, chilled and frozen salmonid products processed in Thailand
destined for New Zealand

Certificate Number:

1. COMPETENT AUTHORITY: Department of Fisheries, Thailand

2. ORIGIN OF THE SALMONID PRODUCT:

[Thai processing facility name, address and registration number]

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.....

.....

.....

3. PRODUCT DESCRIPTION:

Number of units: *[Number of each product type]*

.....

Weight of units: *[Weight in kg/lbs]*

.....

Consignment details: *[Insert consignment details for which this certificate applies]*

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.....

.....

4. CONSIGNOR : *[Name and Address]*

.....

.....

.....

5. CONSIGNEE: *[Name of Consignee and Address at place of destination]*

.....

.....

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6. PORT OF EXPORT: *[In Thailand]*

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7. PORT OF ARRIVAL: *[In New Zealand]*

.....

8. HEALTH ATTESTATIONS:

I, the undersigned official of Thailand, declare with respect to the consignment of salmonid products to be exported to New Zealand described above that:

- a. The salmon products were derived from salmon that meets the current import requirements of New Zealand.

Copy(ies) of the original health certificate(s) meeting New Zealand's import requirements used to import the salmon to Thailand is/are attached to this certificate.

Country/ies of origin [*New Zealand, Australia, EU, Canada, USA, Norway and The United Kingdom*]:

.....
Certificate number/s:
.....

- b. Documentation linking each Thai-processed salmon product with the corresponding original health certificate for the salmon is attached to this certificate.
- c. The final salmon products include only headed, gutted and gilled fillets that have had all external and internal surfaces thoroughly washed.
- d. The salmon and final salmon products were transported, processed, packed and stored in premises under the general supervision of the Department of Fisheries which monitors the acceptability of processing of fish for export; and in accordance with the Official Assurance Program on Salmon Products for Export to Australia and New Zealand 2012, developed by the Department of Fisheries, Thailand

Done at:
[Place where certificate was signed]

Date:
[Date when certificate was signed]

Official Stamp:

Signature of Official Inspector

Name and qualifications in block letters:

Contact details: **Fish Inspection and Quality Control Division.**

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