MOVEMENT CERTIFICATE

1. Exporter (Name, full address, country)	**EUR-MED** **No A** 000.000 See notes overleaf before completing this form.
	2. Certificate used in preferential trade between ..... **and** ..... (Insert appropriate countries, groups of countries or territories)
3. Consignee (Name, full address, country) (Optional)	**4. Country, group of countries or territory in which the products are considered as originating** / **5. Country, group of countries or territory of destination**
6. Transport details (Optional)	**7. Remarks** ☐ **Cumulation applied with ……** (name of the country/countries) ☐ **No cumulation applied.** (Insert X in the appropriate box)

8. Item number; Marks and numbers; Number and kind of packages (1); Description of goods	**9. Gross mass (kg) or other measure (litres, m^3, etc.)**	**10. Invoices** (Optional)

(1) If goods are not packed, indicate number of articles or state « in bulk » as appropriate