

# CERTIFICATE OF ORIGIN

Pharmaceutical Goods

No: \_\_\_\_\_

## EXPORTER DETAILS

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Country:

\_\_\_\_\_

## CONSIGNEE DETAILS

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Country:

\_\_\_\_\_

## DESCRIPTION OF GOODS

Product Name:

\_\_\_\_\_

HS Code:

\_\_\_\_\_

Quantity & Units:

\_\_\_\_\_

Batch/Lot Number:

\_\_\_\_\_

Country of Origin:

\_\_\_\_\_

## TRANSPORT DETAILS

Port of Loading:

\_\_\_\_\_

Port of Discharge:

\_\_\_\_\_

Mode of Transport:

\_\_\_\_\_

## DECLARATION

I hereby declare that the goods described above are of origin as stated and the information given in this certificate is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

Authorized Signature & Stamp

Place: \_\_\_\_\_

Exporter's Name & Signature