

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