

REQUEST FOR HEALTH AFFIRMATION
FOR EXPORTERS.



Name & Address of Exporter:

Date of Application: _____

Destination Country: _____

Customers Name & Full Address: _____

Dispatch Date: _____

(Minimum of 10 business days from date of application) Means of Transport:

Air Ship (tick as applicable)

Consignment Production Site address:

Full description of food: (please list foodstuff stating quantity, carton size, name, product production, expiration date & batch code):

Wording required for certificate: (as requested by customer or from information provided by the Embassy of the destination country):

Signed: _____

Full Name: _____

Position in Company: _____

Contact Tel. No: _____

Email _____

Preferred contact for electronic payment

Full Name: _____

Position in Company: _____

Contact Tel. No: _____

Email _____

Upon completion please return the form to environmental.health@blaenau-gwent.gov.uk

The documents supplied by the business in support of the application: (Please list all)