### I. Country of origin
- **ISO Code**: SAU
- **Country**: 004
- **Date**: 11.06.2017

### I.2 Country of destination
- **ISO Code**: FIN
- **Country**: SUOMI

### I.3 Consignor (exporter)
- **Name**
- **Address**

### I.4 Consignee (importer)
- **Name**
- **Address**

### I.5 Producer
- **Name**
- **Address**

### I.6 Border of entry/ Country of destination
- **Border of entry**: 0
- **Country of destination**: FIN

### I.7 Means of transport/ conveyance
- **By air**: 0
- **By sea**: 0
- **By road**: 0

### I.8 Commodities certified for:
- **Human consumption directly**: 0
- **After further process**: 0
- **Other**: 0

### I.9 Certificate Reference No.

### I.10 Competent / Certifying Authority
- **Address**

### I.11 Packing Est. (if applicable)
- **Name**
- **Address**

### I.12 Border of loading/ Country of dispatch
- **Border of loading**: 0
- **Country of dispatch**: 0

### I.13 Temperature of food product
- **Ambient**: 0
- **Chilled**: 0
- **Frozen**: 0

### I.14 Conveyance identification No.

### I.15 Identification of the food products
- **Name and description of food**

### HS-code
- **Brand name**

### Treatment
- **Derived from**: Domestic flow, other birds
- **Expiration date**: 0
- **Production date**: 0
- **No. of packages**: 0
- **Total weight**: 0

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**Health Certificate for Export of Table Eggs and Egg Products to GCC Countries**

الشهادة الصحية للتصدير بيض المائدة ومنتجات البيض إلى دول مجلس التعاون لدول الخليج العربية

**FINLAND**

**SUOMI**
## I.16 Health attestations

### General Attestations

**The eggs/egg products are safe and fit for human consumption.**

**The eggs/egg products were handled at an establishment that has been subjected to inspections by the competent authority in the country of origin and implements a food safety management system based on HACCP principles or an equivalent system.**

**Good veterinary practice has been applied in the use of veterinary drugs (including growth promoters) and agriculture chemicals in poultry, and any residues in egg/egg products comply with GCC requirements.**

**Additional health attestations (declarations) if deemed necessary**

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**Official stamp**

**Place of Issue**

**Date of Issue**

**Authorized Officer Name & Position**

**Name of the Responsible Department**