

I. rész: A bemutatott szállítmány adatai	I.2. Hivatkozás		I.3. Helyi hivatkozás	I.1. Feladó/Exportőr	
			I.4. Control Authority	Név	
			I.5. Control Authority Code	Cím	
				Ország	
				ISO-kód	
	I.6. Címzett/Importőr			I.7. Rendeltetési hely	
	Név			Név	
	Cím			Cím	
	Ország			Activity ID	
				Ország	
			ISO-kód		
I.8. A szállítmányért felelős gazdasági szereplő			I.9. Kísérőokmányok		
Név			Típus		
Cím			Szám		
Ország			ISO-kód		
			Kiállítás dátuma		
			A kiállítás országa és helye		
			A kereskedelmi okmányra utaló hivatkozások		
I.10. Prior notification					
Dátum					
Időpont					
I.13. Szállítóeszköz			I.11. Származási ország		
Típus			ISO-kód		
Okmány					
Azonosítás					
			I.12. Származási régió		
I.15. Származási létesítmény					
Név					
Cím					
Jóváhagyási szám					
Ország					
ISO-kód					
I.17. Konténorszám/Plomba száma					
I.18. ...-ként tanúsított áruk					
Tenyésztés/termelés <input type="checkbox"/>					
Slaughterhouse <input type="checkbox"/>					
Törzskönyvezett lófélék <input type="checkbox"/>					
I.23. A belső piac esetében <input type="checkbox"/>					
I.23. For private import <input type="checkbox"/>					
I.25. Újbóli beléptetés esetében <input type="checkbox"/>					
I.24. A nem megfelelő áruk esetében <input type="checkbox"/>					
Vámraktár <input type="checkbox"/>					
Nyilvántartási szám					
Vámszabad terület <input type="checkbox"/>					
Nyilvántartási szám					
Hajóellátó <input type="checkbox"/>					
Nyilvántartási szám					
Hajó <input type="checkbox"/>					
Név					
Kikötő					
I.27. A határállomás/tárolás után használt szállítóeszköz			I.28. Szállító		
Típus			Név		
Okmány			Cím		
Azonosítás			Ország		
			ISO-kód		
I.29. Indulás dátuma					

I. rész: A bemutatott szállítmány adatai

I.31. Description of consignment
1. 01 ÉLŐ ÁLLATOK
0101 Élő ló, szamár, lóöszvér (muli) és szamáröszvér

Áru	Species	Terméktípus	Mennyiség	Csomagok darabszáma	Származási ország	Származási régió	Individual identification number

I.32. Csomagok teljes száma

I.33. Mennyiség

I.34. Bruttó össztömeg

I.34. Total gross volume

I.35 Nyilatkozat
I, the undersigned operator responsible for the consignment detailed above, certify that to the best of my knowledge and belief the statements made in Part I of this document are true and complete, and I agree to comply with the requirements of Regulation (EU) 2017/625 on official controls, including payment for official controls, as well as for re-dispatching consignments, quarantine or isolation of animals, or costs of euthanasia and disposal where necessary.

Aláírás dátuma

Az aláíró neve

Aláírás

KEBO-Á

III. rész: A szállítmányra vonatkozó döntés

CHED-A

Common Health Entry Document

Part I: Description of consignment presented

I.2. CHED Reference	I.3. Local reference		I.1. Consignor/Exporter Name Address Country ISO Code	
	I.4. Control Authority			
	I.5. Control Authority Code			
	I.6. Consignee/Importer Name Address Country ISO Code		I.7. Place of Destination Name Address Activity ID Country ISO Code	
	I.8. Operator responsible for the consignment Name Address Country ISO Code		I.9. Accompanying documents Type Number Date of Issue Country and place of issue Commercial documentary references	
I.10. Prior notification Date Time				
I.13. Means of transport Mode International transport document Identification			I.11. Country of Origin ISO Code	
I.12. Region of Origin				
I.15. Establishment of origin Name Address Approval Number Country ISO Code				
I.17. Container No / Seal No				
I.18. Certified as or for Breeding/production <input type="checkbox"/> Slaughterhouse <input type="checkbox"/> Registered equidae <input type="checkbox"/>				
I.23. For internal market <input type="checkbox"/>				
I.23. For private import <input type="checkbox"/>				
I.25. For re-entry <input type="checkbox"/>				
I.24. For non conforming goods <input type="checkbox"/>				
<div style="display: flex; justify-content: space-between;"> <div> Customs warehouse <input type="checkbox"/> Free zone <input type="checkbox"/> Ship supplier <input type="checkbox"/> Ship <input type="checkbox"/> </div> <div> Registered No. <input type="checkbox"/> Registered No. <input type="checkbox"/> Registered No. <input type="checkbox"/> Name <input type="checkbox"/> Port <input type="checkbox"/> </div> </div>				
I.27. Means of transport after BCP/storage Mode International transport document Identification			I.28. Transporter Name Address Country ISO Code	
I.29. Date of departure				

Part I: Description of consignment presented

I.31. Description of consignment

1. 01 LIVE ANIMALS

0101 Live horses, asses, mules and hinnies

Commodity	Species	Product type	Quantity	Package count	Country of Origin	Region of Origin	Individual identification number

I.32. Total number of packages

I.33. Quantity

I.34. Total Gross Weight

I.34. Total gross volume

I.35 Declaration

I, the undersigned operator responsible for the consignment detailed above, certify that to the best of my knowledge and belief the statements made in Part I of this document are true and complete, and I agree to comply with the requirements of Regulation (EU) 2017/625 on official controls, including payment for official controls, as well as for re-dispatching consignments, quarantine or isolation of animals, or costs of euthanasia and disposal where necessary.

Date of signature

Name of Signatory

Signature

CHED-A

Part II: Decision on consignment	II.3. Documentary Check EU Standard Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> National requirements Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>		II.4. Identity Check Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	
	II.5. Physical Check Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>		II.6 Laboratory Tests Yes <input type="checkbox"/> No <input type="checkbox"/> Test Random <input type="checkbox"/> Suspicion <input type="checkbox"/> Results Pending <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	
	II.8 Impact on transport animals Number of dead animals <input style="width: 50px;" type="text"/> Number of unfit animals <input style="width: 50px;" type="text"/> Number of birth or abortion <input style="width: 50px;" type="text"/>			
	II.11 Acceptable for transit <input type="checkbox"/> 3rd country _____ ISO Code _____ Exit BCP _____ TRACES unit No. _____			
	II.13 Acceptable for monitoring <input type="checkbox"/> 1. Entry monitoring <input type="checkbox"/> 2. Re-entry monitoring <input type="checkbox"/>			
	II.16 NOT ACCEPTABLE <input type="checkbox"/> 1. Destruction <input type="checkbox"/> 2. Re-dispatch <input type="checkbox"/> 3. Slaughter <input type="checkbox"/> 4. Euthanasia <input type="checkbox"/>			
	Date/time _____			
	II.17 Reason for Refusal 1. Documentary: Absence of additional guarantees <input type="checkbox"/> 2. Documentary: Absence of national requirements <input type="checkbox"/> 3. Documentary: Missing certificate <input type="checkbox"/> 4. Documentary: Absence of original certificate <input type="checkbox"/> 5. Documentary: Wrong certificate model <input type="checkbox"/> 6. Documentary: Invalid dates <input type="checkbox"/> 7. Documentary: Missing signature/stamp <input type="checkbox"/> 8. Documentary: Invalid authority <input type="checkbox"/> 9. Documentary: Missing laboratory report <input type="checkbox"/> 10. Origin: Non approved country <input type="checkbox"/> 11. Origin: Non approved region <input type="checkbox"/> 12. Origin: Non approved establishment <input type="checkbox"/> 13. Physical: Diseased or suspected animals <input type="checkbox"/> 14. Physical: Unfit to travel or dead animals <input type="checkbox"/> 15. Physical: Invasive species <input type="checkbox"/> 16. Identity: Means of transport mismatch <input type="checkbox"/> 17. Identity: Identification mark mismatch <input type="checkbox"/> 18. Identity: Species mismatch <input type="checkbox"/> 19. Laboratory: Non satisfactory tests <input type="checkbox"/> 20. Animal Welfare: Unsuitable means of transport <input type="checkbox"/> 21. IAS: Non-compliance with the rules applicable to invasive alien species of Union concern <input type="checkbox"/> 22. Other: Others <input type="checkbox"/>			
	II.18 Details of controlled destination Name _____ Address _____ Country _____ ISO Code _____			
	II.20 Identification of BCP BCP _____ Stamp _____ Unit number _____		II.21 Certifying officer I, the undersigned official veterinarian, certify that the checks on the consignment have been carried out in accordance with the Union requirements and where applicable in accordance with the national requirements of the member states of destination. Full name _____ Signature _____ Date of signature _____	