I.1. Consignor I.2. IMSOC reference I.2.a. Local reference Name I.3. Central Competent Authority Address ISO Code Country I.4. Local Competent Authority I.6. Operator conducting assembly operations independently of an establishment I.5. Consignee I: Description of consignment Name Name Address Address Country ISO Code Approval Number ISO Code Country ISO Code ISO Code I.7. Country of origin I.9. Country of destination I.8. Region of origin Code I.10. Region of destination Code I.11. Place of dispatch I.12. Place of destination Name Name Address Part Address Approval Number Approval Number ISO Code Country ISO Code Country I.13. Place of loading I.14. Date and time of departure Name Address Approval Number ISO Code Country I.15. Means of Transport I.16. Transporter International Identification Mode Name transport document Address Approval Number ISO Code Country I.17. Accompanying documents Document Type Accompanying document reference Date of Issue Country Place of issue I.18. Transport conditions Frozen 🗆 Chilled \Box Ambient 🗆 I.19. Container No / Seal No I.20. Certified as Other 🛛 Pollination Further keeping \Box I.21. For transit through a third country Third country ISO Code BCP code Exit point Entry point BCP code I.22. For transit through Member State(s) I.23. For export ISO Code Third country ISO Code Member State BCP code Exit point I.24. Estimated journey time I.25. Journey Log I.26. Total number of packages I.28. Total net weight I.27. Total quantity I.28. Total gross weight I.30. Description of consignment 1.01 LIVE ANIMALS 0106 Other live animals Insects 010641 Bees

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	01064100 Bees					
÷	#1.	Commodity	Breed/Category	Quantity	Net weight	
:	Species		Package count	Batch number		

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			, , ,	*				
	II. Health info	rmation						
	II. Health information							
	I, the undersigned official veterinarian, hereby certify, that:							
	II.1.							
: Certification	II.1.1. The animals have not shown signs of occurrence of infestation with Aethina tumida (Small hive beetle) during the visual examination carried out within the last 48 hours prior to the time of departure of the consignment.							
	II.1.2.	Their packaging and any accompanying feed or other material have not shown signs of presence of Aethina tumida (Small hive beetle) during the visual examination carried out within the last 48 hours prior to the time of departure of the consignment.						
	II.2.	I.2. According to official information, the animals come from an establishment situated in the centre of a circle of at least 100 km radius, where infestation with Aethina tumida (Small hive beetle) has not beer reported and which is not restricted due to a suspected case or the confirmed occurrence of infestation with Aethina tumida (Small hive beetle).						
	II.3.	I.3. To the best of my knowledge and as declared by the operator, the animals come from an establishment where there are no abnormal mortalities with an undetermined cause and they have not been in contact with bumble bees which did not comply with the requirements referred to in point II.2.						
	II.4.	The animals:						
	(1) ○ either							
	 (1) or [come from an establishment or a zone subject to movement restrictions affecting bumblebees and established for (2), but derogations from movement restrictions have been granted, and: 							
	(1)	(1) \Box [they comply with the requirements set out in (3);]]						
	(1)	\Box [and in particular, they are (4).]]						
	II.5. This animal health certificate is valid for 10 days from the date of issuing. In the case of transport by waterway/sea of animals, the period of 10 days for the validity of the certificate may be extended by duration of the journey by waterway/sea.							
	Notes:							
	In accordance with the Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community, and in particular Article 5(4) of the Protocol on Ireland/Northern Ireland in conjunction with Annex 2 to that Protocol, references to the Union in this animal health certificate include the United Kingdom in respect of Northern Ireland.							
	This animal health certificate shall be completed in accordance with to the notes for the completion of certificates provided for in Chapter 2 of Annex I to Commission Implementing Regulation (EU) 2020/2235.							
	Part I:							
	Box reference I.11:	"Place of dispatch": Indicate a registered estab	lishment.					
	Box reference I.12:	"Place of destination": Indicate a registered or	approved establishment.					
	Box reference I.30:	"Category": Indicate: queens with maximum 2	0 attendants, colonies with br	rood or other.				
	Part II:							
	(1)	Delete if not applicable.						
	(2)	Insert the name of the disease(s).						
	(3)	Insert the specific reference to the article(s), the Commission providing for those requirements		nt legal act(s) adopted by the				

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II. Health information

	(4) Insert the specific attestation(s) provided for in and required by the relevant legal act(s) adopted by the Commission, as referred to in Article 126(1), points (b)(ii) and (iii), of Regulation (EU) 2016/429 of the European Parliament and of the Council.				
tion	Certifying Officer/Official veterinarian	Qualification and title Signature			
Certifica	Name (in capital letters) Date of declaration Stamp				
Part II:					