1. Name and address of exporter

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2. PHYTOSANITARY CERTIFICATE

No UK/GG/ XXXXX

3. Declared name and address of consignee

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4. Plant Protection Organisation of
GUERNSEY, CHANNEL ISLANDS
To Plant Protection Organisation(s) of

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

5. Place of origin

Guernsey

6. Declared means of conveyance

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

7. Declared point of entry

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

The Office of the
Committee for the
Environment & Infrastructure
Tel: ++ 44 1481 234567
Email: agriculture@gov.gg

8. Distinguishing marks; number and description of packages; name of produce; botanical name of plants

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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9. Quantity declared

XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXX
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XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXX

10. This is to certify that the plant products or other regulated articles described herein have been inspected and/or tested according to appropriate official procedures and are considered to be free from the quarantine pests specified by the importing contracting party and to conform with the current phytosanitary requirements of the importing contracting party, including those for regulated non-quarantine pests.

11. Additional declaration

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DISINFESTATION AND/OR DISINFECTION TREATMENT

12. Treatment

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

13. Chemical (active ingredient)	**14. Duration and temperature**
XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
15. Concentration	**16. Date**
XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX

17. Additional information

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Place of issue: GUERNSEY

Date: Day Month YEAR

Name and signature of authorised officer:

Stamp of Organisation

STATES OF GUERNSEY

XXXXXXXXXXXXXXXXXXXXXXXX

No financial liability with respect to this certificate shall attach to the States of Guernsey or to any of their officers or representatives

SAMPLE