


EXPORTER:		CERTIFICATE NUMBER:					
Niue	Exporter Code	PLANT QUARANTINE REGULATION 1985  GOVERNMENT OF NIUE Department of Agriculture, Forestry and Fisheries CERTIFICATE OF HEALTH FOR PLANTS AND PLANT PRODUCTS <i>This certificate is valid only if issued within fourteen days prior to export</i>					
CONSIGNEE:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Country of origin</td> <td style="width: 50%;">Country to which goods consigned:</td> </tr> <tr> <td style="text-align: center;">NIUE</td> <td style="text-align: center;">NEW ZEALAND</td> </tr> </table>		Country of origin	Country to which goods consigned:	NIUE	NEW ZEALAND
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NIUE	NEW ZEALAND						
PURCHASE:		<p>This is to certify that the plant or plant products have been inspected according to appropriate procedures and are considered to be free from quarantine pests and practically free from other injurious pests and that they are considered to conform with the current phytosanitary regulations.</p> <p>No financial liability with respect to this certificate shall be attached to the Niue Department of Agriculture, Forestry and Fisheries or to any of its officers or representatives.</p>					
Local vessel or conveyance	From:(local port or place of loading)						
AIR NEW ZEALAND	NIUE						
Ship No./Flight No.	Sea/Airport of loading						
NZ 785	NIUE						
Sea/Airport of discharge	Final destination (if on carriage)	<p>No financial liability with respect to this certificate shall be attached to the Niue Department of Agriculture, Forestry and Fisheries or to any of its officers or representatives.</p>					
AUCKLAND	NEW ZEALAND						
Distinguished marks and Container Nos.	Number and Description of Packages	Common and Botanical Names	Total Nett Quantity (weight/volume etc)				
ADD							
Additional Certificate/Endorsement							
FUMIGATION OR DISINFECTION TREATMENT							
Duration of exposure _____ Date _____							
Treatment		Chemical and Concentration					

STAMP OF SERVICE							
_____	New Aue	Biosecurity Quarantine Officer	_____				
(Signature)	(Name - please print)	Export Certification Officer (Designation)	(Date)				