**Certification of Origin**

（Comprehensive and Progressive Agreement for Trans-Pacific Partnership）

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| --- | --- | --- | --- |
| **1. Exporter’s name, address (including country name), telephone number and e-mail address**  （This field can be left blank if this certification is completed by producer and the exporter is unknown.） | | | |
| **2. Producer’s name, address (including country name), telephone number and e-mail address**  （This field can be left blank if exporter and producer is the same company or person. If there are multiple producers, state “Various” or provide a list of producers. A person that wishes for this information to remain confidential may state “Available upon request by the importing authorities.） | | | |
| **3. Importer’s name, address in the importing country, telephone number and e-mail address**  （This field can be left blank if importer is unknown.） | | | |
| **No.** | **4. Description of goods**  ・Description of good(s)  ・Invoice number(s)(in case the certification of origin covers a single shipment of a good and if the number is known.) | **5.HS tariff classification number**  (6 digit, HS2012) of goods | **6. Origin criterion** (WO, PE, PSR); and Other (*De Minimis, Accumulation*), if applicable |
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| **7．Blanket Period**  （If the certification covers multiple shipments of identical goods for a specified period of up to 12 months） | | | |
| **8. Other**(any other applicable origin criterion or other indication) | | | |

**9. Certification**

I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification.

**Date**

**Name**

Please tick a box to indicate who has completed this origin certification document:

**Importer Exporter Producer**