

CERTIFICATE OF ORIGIN – TAFTA ONLY

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|------------------------------------|--------------------------------------|
| EXPORTER (legal name and address) | CERTIFICATE NO. |
| | EXPORTERS REGISTRATION REFERENCE NO. |
| CONSIGNEE (legal name and address) | BUYER (IF NOT CONSIGNEE) |

**TAFTA CERTIFICATE OF ORIGIN
FOR THAILAND**



EXPORTER'S INVOICE NO. and DATE

**AUSTRALIAN CHAMBER OF
COMMERCE AND INDUSTRY**
24 Brisbane Ave,
Barton, ACT, 2600, Australia
+61-2-6273-2311 (ph); +61-2-6273-3196 (fax)
trade@acci.asn.au

| | | |
|---------------------------|------------------------------------|--------------------|
| SHIP / AIRLINE | SEA / AIR PORT OF LOADING | |
| SEA/AIR PORT OF DISCHARGE | FINAL DESTINATION (IF ON CARRIAGE) | EST DEPARTURE DATE |

DETAILED DESCRIPTION OF REGISTERED GOODS SUBJECT OF THIS CERTIFICATE OF ORIGIN

| QUANTITY | HS CODE | ORIGIN CRITERION | DESCRIPTION OF GOODS (including Brand Name and Product Number, if applicable) |
|----------|---------|------------------|---|
| | | | |

I, the authorised signatory of the Registered Exporter herein named, certify and declare that the goods described herein originate in Australia and comply with the rules of origin, as provided in Chapter 4 of the Thailand-Australia Free Trade Agreement and there has been no material change to the basis of registration of those goods.

The Australian Chamber of Commerce and Industry is a recognised Authorised Body under the Thailand-Australia Free Trade Agreement (Article 407).

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Authorised Exporter Signatory

In accordance with the above declaration of the Registered Exporter, and based on the evidence provided to support that declaration as required by the Government of the Commonwealth of Australia for the purposes of satisfying the rules of origin for Thailand, the undersigned being a competent representative of the Authorised Body CERTIFIES that the goods described herein originate in AUSTRALIA and comply with the rules of origin as provided in Chapter 4 of the Thailand-Australia Free Trade Agreement (2004).

SIGNATURE OF COMPETENT REPRESENTATIVE

NAME AND DESIGNATION:

DATE:

