## SCHEDULE 13

Article 2(1)

## Plant health movement document

## PART A

- **1.** The plant health movement document required under article 18 shall be in the form set out in Part B.
- **2.** The information contained in the notice in paragraph 1 shall be given in at least one of the official languages of the European Community and—
  - (a) shall be completed in typescript or written in block capitals; or
  - (b) in agreement with the Scottish Ministers and the official body of destination or entry shall be completed by electronic means.

## PART B

| Plant health movement document as referred   |   |                  |                  | ALTH MOVEMENT          |
|--|---|------------------|------------------|------------------------|
| to in Article 1(3)(e) of Commission Directive 2004/103/EC  |   |                  | DOCUMENT         |                        |
| 1  |   |                  |                  |                        |
| 3. Identification of consignment(2) This consignment contains produce of phytosanitary relevance                   |   |                  |                  |                        |
| Plant, plant product or other object (Taric code):   |   |                  |                  |                        |
| Reference number(s) of required phytosanitary documentation:   |   |                  |                  |                        |
|  |   |                  |                  |                        |
| Date of issue:  Distinguishing mark(s), numbers, number of packages, amount (weight/units):                        |   |                  |                  |                        |
| Distinguishing transits), truntoers, municer of packages, amount (weight units).                                   |   |                  |                  |                        |
| Reference number(s) of required customs documentation:   |   |                  |                  |                        |
| 4. Official registration number of importer:   |   |                  |                  |                        |
| I, the undersigned importer, hereby request the responsible official body to carry out the official                |   |                  |                  |                        |
| identity checks and plant health checks of the abovementioned plants, plants or other objects at the               |   |                  |                  |                        |
| approved place of inspection listed below and I undertake to respect the rules and procedures set by the           |   |                  |                  |                        |
| responsible official body.   |   |                  |                  |                        |
| Date, name and signature of importer:  |   |                  |                  |                        |
| 5.1. Point of entry:   | 5.2. Countersigning by official body of point of entry (date, name, service |                  |                  |                        |
|  | stamp and signature):   |                  |                  |                        |
|  | 11.750 1151 1151 1151 1151 1151 1151 1151 1                                 |                  |                  |                        |
|  |   |                  |                  |                        |
| 6. Approved place(s) of inspection(3)  |   |                  |                  |                        |
| A, B- (replaces A)   |   |                  |                  |                        |
|  |   |                  |                  |                        |
| The plants, plant products or other objects are moved to the abovementioned place(s) of inspection in              |   |                  |                  |                        |
| accordance with the agreement concluded between(4).  |   |                  |                  |                        |
|  |   |                  |                  |                        |
| The consignment may not be moved to places other than those listed above unless this has been officially approved. |   |                  |                  |                        |
| 7. Documentary check   | Т   | 8. Identity cha  | rck              | 9. Plant health check  |
| 7. Trocumoniary bleck  |   | ii. Reciting one | LK               | 7. I MAIN HOMEL CITECK |
|  |   |                  |                  |                        |
| Place/date: Place/date: Place/date:  |   |                  |                  | Place/date:            |
|  |   |                  |                  | Name:                  |
| 10. Decision:  |   |                  |                  |                        |
| Release Place/dare:  |   |                  |                  |                        |
| Name:  |   |                  |                  |                        |
| Service stamp/signature:   |   |                  |                  |                        |
| Indicate EC Plant Passport (serial or week or batch) number where appropriate:                                     |   |                  |                  |                        |
| Official measure   |   |                  |                  |                        |
| Refusal of entry Destruction   |   |                  |                  |                        |
|  |   |                  | ntine period     |                        |
| -  |   |                  | priate treatment |                        |
| Remark:  |   |                  |                  |                        |
| ***************************************  |   |                  |                  |                        |

- (1) Make reference to country code/number.
- (2) Fill in how or make reference to information on Phytosonitary certificate which must be attached.
- (3) Make reference to "C" (Article Fo(2)(c) of Directive 2000/29/EC) or "D" (Article I3c(2)(d) of Directive 2000/29/EC).
- (4) When appropriate, give details on agreement between Member States' official services, either on a case-by-case agreement or on the basis of a longer-term agreement.