**CERTIFICATE OF ORIGIN FORM**

**CHILE- INDONESIA COMPREHENSIVE ECONOMIC PARTNERSHIP AGREEMENT**

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| --- | --- | --- | --- | --- | --- | --- |
| **1. Exporter’s Name, Address and Country** | | | *CERTIFICATE NO.*  **CHILE-INDONESIA**  **COMPREHENSIVE ECONOMIC PARTNERSHIP AGREEMENT CERTIFICATE OF ORIGIN**  **(Combined Declaration and Certificate) FORM IC-CEPA**  Issued in ……………………………… (Country) | | | |
| **2. Consignee’s Name, Address and Country** | | |
| **3. Means of transport and route (as far as known) Departure date:**  **Vessel/Flight No.:**  **Port of loading:**  **Port of discharge:** | | | **4. For Official Use Only**  **Preferential Treatment Given Under IC-CEPA**  **Preferential Treatment Not Given Under IC-CEPA (Please state reason/s)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **…………………………………………………………………**  Signature of Authorised Signatory of the Importing Party | | | |
| **5. Item number** | **6. Marks and numbers on packages** | **7. Number and kind of packages; description of goods; HS code at six digit level** | | **8. Origin Criterion** | **9. Quantity (Gross or Net Weight or other measurement)** | **10. Invoice Number(s), date of invoice(s) and FOB value** |
|  |  |  | |  |  |  |
| **11. Remarks** | | | | | | |
| **12. Declaration by the exporter**  **The undersigned hereby declares that the above details and statements are correct; that all the goods were produced in**  …………………………………………………… (Country of origin)  **and that they comply with the origin requirements specified for these goods in the Rules of Origin under Chile-Indonesia CEPA for the goods exported to**  …………………………………………….............. (Importing Country)  …………………………………………………… Place and date, company, name and signature  of authorised signatory | | | **13. Certification**  **It is hereby certified, on the basis of control carried out, that the declaration by the exporter is correct.**  ......................................................................................................................  Place and date, signature and stamp of Competent Authority | | | |

**OVERLEAF NOTES**

For the purpose of claiming preferential tariff treatment, this form shall be completed legibly and filled by the exporter. All items of the form shall be completed in the English language.

If the space of this form is insufficient to specify the necessary particulars for identifying the goods and other related information, the exporter may provide the information using additional pages of the same format of Certificate of Origin. In that case, every additional page shall be completed legibly and in full by the exporter and certificated by the Competent Authority.

If the Overleaf Notes are not printed with the Certificate of Origin, the Certificate of Origin shall remain valid.

**Field 1**: State the full name, address and country of the exporter.

**Field 2**: State the full name, address and country of the consignee.

**Field 3**: Provide the name of loading port, transit port and discharging port and, the name of vessel / flight number, as far as known.

**Field 4**: For official use only.

**Field 5:** Provide item number (as necessary).

**Field 6:** Provide marks and numbers of packages.

**Field 7:** Provide number and kind of packages, description of goods. For each good, the HS tariff classification number shall be indicated at the six-digit level. The description of the good on the Certificate of Origin shall be sufficiently detailed to enable the goods to be identified by the Customs Authority.

**Field 8**: For the goods that meet the origin criterion, the exporter must indicate the origin criterion met, in the manner shown in the following table:

|  |  |
| --- | --- |
| Origin Criterion  (Insert in Field 8) | Description of Criterion |
| WO | the good is wholly obtained or produced entirely in a Party as defined in Article 4.3 |
| PE | the good is produced entirely in the territory of a Party exclusively from originating materials |
| PSR | the good is produced entirely in the Party using non-originating materials, provided that the good satisfies the product specific rules set out in Annex 4-A |
| DMI (*De Minimis*) | a good that does not undergo a change in tariff classification requirement shall be considered as originating as established in Article 4.9 |
| FGM | for fungible goods or materials as established in Article 4.10 |
| ACU  (Accumulation) | A good which satisfies the origin criteria as established in Article 4.8 |

**Field 9**: For each good, indicate the quantity in gross or net weight, or other unit of measurement.

**Field 10**: Indicate the invoice number(s), date(s) and FOB value. The invoice shall be the one issued for the exportation of the good into the importing Party.

**Field 11**: This Field is for additional information (if any)

* If the Certificate of Origin is issued in accordance with Section B Rule 2, the Competent Authority shall indicate “replaced C/O No... issued date...”.
* If the Certificate of Origin is issued in accordance with Section B Rule 5, the Competent Authority shall indicate “Certified Copy”.
* In the case where a good is invoiced by a third country in accordance with Section B Rule 17, shall indicate “THIRD COUNTRY INVOICING”. The name and country of the company issuing the invoice shall be indicated (if known).
* Any other additional information considered appropriate.

**Field 12**: This field shall be completed, signed and dated by the exporter. The date shall be the date when the Certificate of Origin is applied for.

**Field 13**: This field shall be completed, dated, signed and stamped by the Competent Authority of the exporting Party. The date shall be the date when the Certificate of Origin is issued. The signature and seal of the Competent Authority may be autographed or digital.