Form - OR 02G

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| **Newhaven Port Health Authority**  Lewes District Council  Newhaven Port Health logo The Organic Products Regulations 20091st Floor  **(as amended)** Newhaven Ferry Terminal  Railway Approach  **Advance Notification of Organic Import** Newhaven  BN9 0DF | | | | | | | | | | | |
| Vessel: |  |  |  |  |  | ETA: Date | |  | Time |  |  |
|  | | | | | |  | | |  | | |
| Port of Arrival | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Exporter/Agent: (Name and Address) | | | |  |  | Importer: (Name and Address) | | | |  |  |
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| Country of Origin: | |  |  | Country of Despatch: | | |  | Country of Destination: | | |  |
|  | | | |  | | | |  | | | |
| COI No: |  |  |  | | Date of Issue: | | | Date of Shipping: | | | |
|  | | | | |  | | |  | | | |
| Product Description: | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |
| CN Code |  |  | Product |  |  | No of Packages | |  | Gross Weight | |  |
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| Container No(s)/Bill of Lading Ref: | | | |  |  |  |  |  |  |  |  |
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| Return Documents to: (Name and Address) | | | | |  | Company Paying Charges: (Name and Address) | | | | | |
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| Email: |  | | | | | Email: |  | | | | |
| Tel: |  | | | | | Tel: |  | | | | |
| **Declaration**  I declare to the best of my knowledge that the particulars and any documents attached are true and complete and I agree to pay all charges reasonably incurred by Newhaven Port Health Authority in carrying out its functions under  Regulation 5 and in verification of the consignment. The current fee for verification is £70 (exc VAT) per consignment. | | | | | | | | | | | |
| Signature |  | | | | | Date |  | | | | |
|  |  |
| **Please forward with copy of the COI, Bill of Lading and supporting documents to porthealth@lewes-eastbourne.gov.uk at least 24 hours in advance of the vessel arrival** | | | | | | | | | | | |
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| **This completed form should be sent to the above address with the Original Certificate of Inspection** | | | | | | | | | | | |

Last Updated: 15/05/2024