HEALTH CERTIFICATE
Covering milk and dairy products exported to the
STATE OF KUWAIT

Reference number: _______________________

Country of dispatch: NORWAY
Competent authority: NORWEGIAN FOOD SAFETY AUTHORITY, N-2381 BRUMUNDDAL, NORWAY
Inspection body: NORWEGIAN FOOD SAFETY AUTHORITY, REGIONAL OFFICE
Phone: +47 22 40 00 00 Facsimile: +47 23 21 68 01 E-mail: postmottak@mattilsynet.no

I. Details identifying the milk and dairy products

<table>
<thead>
<tr>
<th>Nature of food</th>
<th>Name of product(s)</th>
<th>App. no.*</th>
<th>Production date(s) or lot(s) identification number(s)</th>
<th>Number of packages</th>
<th>Net weight</th>
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* Approval number

Sum:

Temperature required during storage and transport: ____________________ ºC

Container no: ____________________________________________
Seal no: ________________________________________________
Expiry data: _____________________________________________

II. Provenance of the milk and dairy products

Approval number, dairy plant(s) and address:

Name and address of consignor: ________________________________

III. Destination of the milk and dairy products

The products are to be dispatched from: ______________________ (Place of dispatch)
to: ______________________ (Country and place of destination)

Means of transport: _________________________________________

Name and address of consignee: ________________________________
The undersigned official inspector hereby certifies that:

1. The dairy plant is approved by and subject to supervision and inspection from the Norwegian Food Safety Authority.

2. The products are manufactured in compliance with official Norwegian Regulations and according to:

3. The products have been prepared, packed, stored and transported under good hygienic practice and an effective food safety control system, implemented within the context of HACCP system.

4. The products may freely be sold in Norway and are fit for human consumption.

5. The milk derives from Norway. The milk or milk-based products originate for areas free from foot-and-mouth disease and rinderpest. The milk has never been in any region where foot and mouth disease and rinderpest exists.

Done at ________________________ on ________________________

(Place) (Date)

Stamp1 (Signature of official inspector) (Name and qualifications in capitals)

1 The signature and the stamp must be in a colour different to that of the printing.