

Provider's Letterhead

Include contact details: physical address or telephone or fax (including country prefix)

RECENTLY MANUFACTURED & UNUSED DECLARATION

Consignment identifier(s) or Numerical Link(s)
BILL OF LADING / AWB#

I ...(PLACE YOUR NAME HERE) hereby confirm that the goods on Invoice number (PLACE YOUR COMMERCIAL INVOICE NUMBER HERE) were manufactured on (INSERT DATE COMPLETED) and are brand new, unused and have not been field tested, and free of contamination and all bio security matter

Regards

Name of Declarant:

Company position:

Signature:

Date: