Certificate of Origin

Exporter's name, address, country:				Certificate No.:						
2. Producer's name and address, if known:					CERTIFICATE OF ORIGIN Form F for China-Chile FTA					
					Issued in					
Consignee's name, address, country: 4. Means of transport and route (as far as known)					(see Instruction overleaf) 5. For Official Use Only Preferential Tariff Treatment Given Under Preferential Treatment Not Given (Please state reasons)					
Departure Date					Signature of Authorized Signatory of the Importing Country					
Vessel /Flight/Train/Vehicle No.					6. Remarks		ignature of Authori	zea Signatory	or the importing country	7
Port of loading										
Port of discharge										
7. Item number (Max. 20)	8. Marks and numbers on packages	9. Number and kind of pa	ckages; description of goo	ds			10. HS code (Six digit code)	11. Origin criterion	12. Gross weight, quantity (Quantity Unit) or other measures (liters, m3, etc)	13. Number, date of invoice and invoiced value
The undersigned hereby declares that the above details and statement are correct, that all the goods were produced in CHILE (Country) and that they comply with the origin requirements specified in the FTA for the goods exported to CHINA (Importing country)			Place and	by certified, d date*, signa		e basis of control ca and stamp of certif Fax:	fying authority	_	exporter is correct.	
Place and d	ate, signature	of authorized signatory		J						

^{*} A Certificate of Origin under China-Chile Free Trade Agreement shall be valid for one year from the date of issue in the exporting country.

Overleaf Instruction

- Box 1: State the full legal name, address (including country) of the exporter.
- Box 2: State the full legal name, address (including country) of the producer. If more than one producer's good is included in the certificate, list the additional producers, including name, address (including country). If the exporter or the producer wishes the information to be confidential, it is acceptable to state "Available to the competent governmental authority upon request". If the producer and the exporter are the same, please complete field with "SAME". If the producer is unknown, it is acceptable to state "UNKNOWN".
- Box 3: State the full legal name, address (including country) of the consignee.
- Box 4: Complete the means of transport and route and specify the departure date, transport vehicle No., port of loading and discharge.
- Box 5: The customs authorities of the importing country must indicate (v) in the relevant boxes whether or not preferential tariff treatment is accorded.
- Box 6: Customer's Order Number, Letter of Credit Number, and etc. may be included if required. If the invoice is issued by a non-Party operator, the name, address of the producer in the originating Party shall be stated herein.
- Box 7: State the item number, and item number should not exceed 20.
- Box 8: State the shipping marks and numbers on the packages.
- Box 9: Number and kind of package shall be specified. Provide a full description of each good. The description should be sufficiently detailed to enable the products to be identified by the Customs Officers examining them and relate it to the invoice description and to the HS description of the good. If goods are not packed, state "in bulk". When the description of the goods is finished, add "***" (three stars) or "\" (finishing slash).
- Box 10: For each good described in Box 9, identify the HS tariff classification to six digits.
- Box 11: If the goods qualify under the Rules of Origin, the exporter must indicate in Box 11 of this form the origin criteria on the basis of which he claims that his goods qualify for preferential tariff treatment, in the manner shown in the following table:

The origin criteria on the basis of which the exporter claims that his goods qualify for preferential tariff treatment	Insert in Box 11
Goods wholly obtained	P
General rule as ≥ 40% regional value content	RVC
Products specific rules	PSR

- Box 12: Gross weight in Kilos should be shown here. Other units of measurement e.g. volume or number of items which would indicate exact quantities may be used when customary.
- Box 13: Invoice number, date of invoices and invoiced value should be shown here.
- Box 14: The field must be completed, signed and dated by the exporter. Insert the place, date of signature.
- Box 15: The field must be completed, signed, dated and stamped by the authorized person of the certifying authority. The telephone number, fax and address of the certifying authority shall be given.