CERTIFICATE OF ORIGIN

Exporter's name, address, country and contact details:		3. Certificate of Origin	n Number:	Form IA-CEPA					
			AUSTRALIA COMPI TNERSHIP AGREEN	REHENSIVE ECONOMIC MENT (IA-CEPA)					
		CERTIFICATE OF ORIGIN Page of Issued in: AUSTRALIA							
					Shipment Details (a.) Importer's / Consignee's name, address, and country:		4. For official use only (Official Customs Remarks):		
							☐ Preferential Treatment Given ☐ Preferential Treatment Not Given (Please state reason/s)		
(b.) Port	of discharge (if known):								
		Signature of Authorised Signatory of the Importing Party							
5. Item number	6. Detailed description of goods; number and kind of packages; (if applicable) product number and brand name.	7. HS Code (6 digit code) for each item.	8. Origin Criterion (WO, PE, CTC, QVC or SP) and the adjusted value where QVC is used.	9. Sufficient details to identify the consignment such as importer's purchase order number; invoice number and date; Air Way Bill; Sea Way Bill or Bill of Lading number					
10. Declaration by the exporter, producer, manufacturer, or authorised representative The undersigned hereby declares that the above-stated information is correct and that the goods exported to INDONESIA (Importing Party) Comply with the origin requirements as provided in Chapter 4 of the Indonesia-Australia Comprehensive Economic Partnership Agreement.		11. Certification On the basis of control carried out, it is hereby certified that the information herein is correct and that the goods described comply with the origin requirements specified in Chapter 4 of the Indonesia-Australia Comprehensive Economic Partnership Agreement. Australian Chamber of Commerce and Industry Level 3, Commerce House, 24 Brisbane Avenue, Barton ACT 2600, Australia. T: +61 2 6270 8000 E: info@australianchamber.com.au ABN 85 008 391 795. Authorised to issue Certificates of Origin by the Government of the Commonwealth of Australia							
Place, date, name, signature and company of authorised signatory 12. (if applicable - tick where appropriate)		Place, date, signature and official seal of the Issuing Body							
☐ ISSUED RETROACTIVELY ☐ THIRD PARTY INVOICING (Insert name of company issuing third party invoice in box 9) ☐ EXHIBITION: (Insert name and address of exhibition in box 6) ☐ DE MINIMIS									
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