

CERTIFICATE OF ORIGIN

FREE TRADE AGREEMENT BETWEEN THE CARIBBEAN COMMUNITY (CARICOM) AND COSTA RICA

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|---|-------------------------|---|--------------------------------|------------|
| 1. Exporter's name: Address: Registration Number: Facsimile Number: E-mail Address: | | 2.Producer's name: Address: Registration Number: Facsimile Number: E-mail Address: | | |
| 3.Importer's name: Address: Registration Number: Facsimile Number: E-mail Address: | | 4.Consignee's name: Address: Registration Number: Facsimile Number: E-mail Address: | | |
| 5.Mode of Transport and Route: | | 6. Port of Shipment: | 7. Number and Date of Invoice: | |
| 8.HS Tariff Classification | 9. Description of Goods | 10. FOB Value (US\$) | 11. Preference Criterion | 12. Others |
| 13. Manufacturer premises located in Free Trade Zone. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 14. Goods described in box 9 are on Annex III.04.06 to be traded under Special Arrangements <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 15. Observations | | | | |
| 16. Declaration I/We declare that the goods covered by this declaration corresponding to the above-mentioned commercial invoice comply with the Rules of Origin under the Free Trade Agreement between the Caribbean Community (CARICOM) and Costa Rica Name and Signature of the Exporter/Producer: Place and date:..... | | 17. Certification of Authorized Body I certify the accuracy of the current declaration. I now sign and affix the stamp of the Authorized Body in: (Country):..... Certificate No:..... Authorized Signature: Place and date of Issue:..... | | |

Note: This form will not be considered valid if it has erasures, corrections or amendments. Persons who furnish or cause to be furnished untrue declarations render themselves liable to penalties.

FREE TRADE AGREEMENT BETWEEN THE CARIBBEAN COMMUNITY (CARICOM) AND COSTA RICA

INSTRUCTIONS FOR FILLING OUT THE CERTIFICATE OF ORIGIN

In order to receive preferential tariff treatment, this Certificate must be completely filled out in a legible manner by the exporter of the goods. This Certificate must be tendered by the importer at the time of importation. Please print or type.

Box No. 1: Fill in the full Name, Address, Registration, Facsimile Number and E-Mail Address of the Exporter. The Registration Number is: in CARICOM, the registration number applicable according to each Member State; in Costa Rica, it is the legal identification number for legal persons or the identification number or the passport number for physical persons.

Box No. 2: Fill in the full Name, Address, Registration, Facsimile Number and E-Mail Address of the Producer of the goods. The Registration Number is: in CARICOM, the registration number applicable according to each Member State; in Costa Rica, it is the legal identification number for legal persons or the identification number or the passport number for physical persons.

Where the exporter and the producer are the same, the word "SAME" may be printed in Box No. 2.

Box No. 3: Fill in the full Name, Address, Registration, Facsimile Number and E-Mail Address of the Importer. The Registration Number is: in CARICOM, the registration number applicable according to each Member State; in Costa Rica, it is the legal identification number for legal persons or the identification number or the passport number for physical persons.

Box No. 4: Fill in the full Name, Address, Registration, Facsimile Number and E-Mail Address of the Consignee. The Registration Number is: in CARICOM, the registration number applicable according to each Member State; in Costa Rica, it is the legal identification number for legal persons or the identification number or the passport number for physical persons.

Where the importer and the consignee are the same the word "SAME" may be printed in Box 4.

Box No. 5: Enter Mode of Transportation and Route.

Box No. 6: Indicate Port of Shipment.

Box No. 7: Enter the Number and Date of the Commercial Invoice. If not known, indicate another unique reference number, such as the shipping order number, purchase order number, or any other number that can be used to identify the goods.

Box No. 8: Declare the Customs Tariff Classification of the Harmonized System (HS) at the six Digit Level of each good described.

Box No. 9: Give full Description of Goods. The description should contain sufficient detail to relate it to the invoice description and to the Harmonized System (HS) description of the good.

Box No. 10: Register the FOB Value in US\$, of the Goods to be Exported.

Box No. 11: Preference Criterion: Enter the letter A, B or C as corresponds:

A The good is "wholly obtained or produced entirely" in the territory of one or both of the Parties, as referred to in Article IV.1.

B The good is produced entirely in the territory of one or both of the Parties exclusively from originating materials.

C The good is produced entirely in the territory of one or both of the Parties and each of the non-originating materials used in the production of the good undergoes an applicable change in tariff classification as set out in Annex IV.03, or the good otherwise satisfies the applicable requirements of that Annex where no change in tariff classification is required.

Box No. 12: Others: If in determining the origin of the good one of the procedures set forth in Articles IV.06 or IV.05 of the Agreement, was used, indicate:

ACC: Accumulation

DMI: De Minimis.

Box No. 13: Tick "Yes" or "No", whether Producer is located in the Free Zone.

Box No. 14: Tick "Yes" or "No", whether the good is on the list in Annex III.04.06.

Box No. 15: This space shall be used by the Authorized Body of the Exporting Country as well as by the Exporter, when clarifying or adding information that is considered necessary.

Box No. 16: This Box must be filled out and signed by the Export/Producer or his/her Legal Representative or Agent.

Box No. 17: This Box must be filled out by the Authorized Body which issues this document.

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