

EXPORTER or PRODUCER – Name and contact details	CERTIFICATE No.
	EXPORTERS REFERENCE
(Optional) Importer – name and contact details.	


**AUSTRALIAN  
INDUSTRY  
GROUP**  
**AUSTRALIAN INDUSTRY GROUP**  
 Level 2, 441 St Kilda Road  
 MELBOURNE VICTORIA 3004 AUSTRALIA  
 T: +61 (0)3 9867 0111 F: -61 (0)3 9867 0157

**Australia – Japan Economic  
Partnership Agreement  
CERTIFICATE OF ORIGIN**

The Australian Chamber of Manufactures has merged with the MTIA to  
 form the Australian Industry Group

Invoice Number	Date of Invoice	Date of Shipment
HARMONIZED SYSTEM CODE (SIX DIGITS)	PREFERENCE CRITERION (WO, PE, PSR)	DESCRIPTION OF GOODS:

I certify that:

- The information in this document is true and accurate and I assume the responsibility for proving such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document.
- I agree to maintain, and present upon request, documentation necessary to support this Certificate, and to inform, in writing, all persons to whom the Certificate was given of any changes that would affect the accuracy or validity of this Certificate.
- The goods originate in the territory of one or both Parties and comply with the origin requirements specified for those goods in the Australia – Japan Economic Partnership Agreement.

This Certificate consists of \_\_\_\_\_ pages, including all attachments.

SIGNED: .....

COMPANY: .....

ID: .....

This Certificate is based on the information supplied to the Designated Issuing Authority by the Consignor and it is not to be taken as amounting to a warranty or representation of fact by the Designated Authority or its servants. The undersigned, duly authorised by the Designated Issuing Authority certifies on the basis of information supplied and to the best of his knowledge and belief that the goods designated above are of AUSTRALIAN origin, production or manufacture under the provisions of the Australia – Japan Economic Partnership Agreement.

<input type="checkbox"/> NON PARTY INVOICE <input type="checkbox"/> RETROSPECTIVE <input type="checkbox"/> ACCUMULATION <input type="checkbox"/> DUPLICATION OF <input type="checkbox"/> DE MINIMIS                 ORIGINAL	NAME OF AUTHORISED OFFICER  SIGNATURE OF AUTHORISED OFFICER  DATE
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(INTENTIONALLY BLANK SPACE)	NAME OF AUTHORISED OFFICER  SIGNATURE OF AUTHORISED OFFICER  DATE
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