



**Annex A** 

**NBA** version of Model document

FOOD CHAIN INF			LE FOR SI	LAUGHTER	
Holding Number					
Keeper's Name					
Address					
of Holding					
Telephone number		ų.			
E-mail address (optional)					
Individual identification mark(s) – or attach list					
				*	,
		The state of the s			
DECLARATION:-  (i) The holding <u>is not</u> under movement restriction for bovine Tuberculosis (TB)*  OR  (ii) The holding <u>is</u> under movement restriction for bovine Tuberculosis (TB)*  (*delete one of the above)  AND					
The cattle on the holding are not under movement restrictions for any other animal disease or public health reasons (excluding a 6-day standstill).					
Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.					
To the best of my knowledge the animals are not showing signs of any disease or condition that may affect the safety of meat derived from them.					
No analysis of samples taken from animals on the holding or other samples has shown that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of meat or to substances likely to result in residues in meat.					
Keeper's signature					
Date					
If the animals do not fulfil all the above statements, tick this box and provide additional information on Annex C or other document.					
provide additional	intormatic	on on Annex C or	otner docur	nent.	