Annex 5

Certificate of Origin

1. Exporter's or Producer's full name, address and country:			Certificate No.: CERTIFICATE OF ORIGIN China-Ecuador Free Trade Agreement Issued in:			
2. Consignee's full name, address, country			For official use only:			
3. Means of transport and route (as far as known) Departure date: Vessel/Flight/Train/Vehicle No.: Port of loading: Port of discharge:			4. Remarks:			
5. Item number		d numbers on packages; kind of packages; of goods	7. HS code (6-digit code)	8. Origin criterion	9. Quantity (e.g. Quantity Unit, litres, m ³)	10.Number, Date of Invoice
11. Declaration by the producer/exporter The undersigned hereby declares that the above stated information is correct and that the goods exported to (Importing Party)			12. Certification On the basis of the control carried out, it is hereby certified that the information herein is correct and that the described goods comply with the origin requirements of the China-Ecuador Free Trade Agreement.			
comply with the origin requirements specified in the China-Ecuador Free Trade Agreement.						
			Place and date			
Place, date and signature of authorized person			Signature or stamp of the Authorized Body			

Overleaf Instruction

Box 1: State the full legal name and address of the exporter in China or Ecuador.

Box 2: State the full legal name and address of the importer in China or Ecuador, if known. If unknown, add "***" (three stars).

Box 3: Complete the means of transport and route and specify the departure date, transport vehicle number, and port of loading and discharge, as far as known. If unknown, add "***" (three stars).

Box 4: Customer's Order Number, Letter of Credit Number, among others, may be included. If the Certificate of Origin has not been issued before or at the time of shipment, the authorized body should mark "ISSUED RETROSPECTIVELY" here. In the case where a good is invoiced by a non-Party operator, the full legal name of the non-Party operator and the producer of the goods shall be indicated in this box.

Box 5: State the item number.

Box 6: State the shipping marks and numbers on packages, when such marks and numbers exist.

The number and kind of packages 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 7: For each good described in Box 6, identify the HS tariff classification to a six-digit code. Box 8: For each good described in Box 6, state which criterion is applicable, in accordance with the following instructions. The rules of origin are contained in Chapter 4 (Rules of Origin and Implementation Procedures) and Annex 4 (Product Specific Rules of Origin).

Origin Criterion	Insert in Box 8
The good is "wholly obtained" in the territory of a Party, as referred to in Article 4.3 (Goods Wholly Obtained) or required so in Annex 4 (Product Specific Rules of Origin).	WO
The good is produced entirely in the territory of a Party, exclusively from materials whose origin conforms to the provisions of Chapter 4 (Rules of Origin and Implementation Procedures).	WP
General rule as \geq : 40% regional value content.	RVC
The good is produced in the territory of a Party, using non- originating materials that comply with the Annex 4 (Product Specific Rules of Origin) and other applicable provisions of Chapter 4 (Rules of Origin and Implementation Procedures).	PSR

Box 9: State quantity with units of measurement for each good described in Box 6. Other units of measurement, e.g. volume or number of items, which would indicate exact quantities may be used where customary.

Box 10: The number and date of invoice (including the invoice issued by a non-Party operator) should be shown here.

Box 11: The box must be completed by the producer or exporter. Insert the place date and signature of authorized person.

Box 12: The box must be completed, dated, signed or stamped by the authorized person of the authorized body.