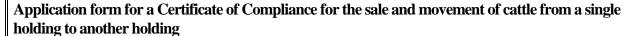
## **Department of Agriculture, Food and the Marine**





COMPLETE THIS FORM AND FORWARD TO THE CATTLE MOVEMENT NOTIFICATION AGENCY

NBAS 31A

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SELLER'S/SOURCE DETAILS									BUYER'S	S/ DES	IINAI	ION L	EIAIL	S	
HERD NUMBER									HER NUMBE						
NAME									NAM	1E					
ADDRESS									ADDRES	SS					
TELEPHONE		( )							TELEPHONE	E (			)		
ENTER THE HERD NUMBER OF AGENT INVOLVED (IF ANY)															
Herd No:-								•							
ENTER THE EARTAG NUMBER OF EACH ANIMAL PROPOSED TO MOVE IN THE SPACES PROVIDED															
1															
2															
3															]
4															1
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SELLEI	R'S/SOL	JRCE D	ECLAR	ATION											
I undertake (i) to move the cattle directly from the holding specified above, (ii) only to move the cattle listed above, (iii) to ensure that all animals moved will comply with all animal health/movement regulations including those relating to BVD and									e, (iii) to						
(iv) not	to move	any cat	tle that	show ar	ny visible	e signs	of diseas	se or i	ll health.	GIGUOTE	, intoluc	anig uit	Joe Tela	ang to I	JVD and
Signed							Date								
Instruc	ctions fo	r comp	letion o	f form											

1. Completed form should be posted to Cattle Movement Notification Agency, West Cork Technology Park, Clonakilty, Co. Cork, or faxed to 023 8832891. A Certificate of Compliance will issue on the date of receipt of a valid application form or fax received before 3 pm.

Tick this box only if you require a separate Certificate for each of the individual animals listed above