| 1. Consignor / E  | xporter                         |                                |                     | ¬ 2                | 2. Ref No(o   | ffice use | e only)  |                                       |                               |  |
|---|---------------------------------|--------------------------------|---------------------|--------------------|---|-----------|----------|---------------------------------------|-------------------------------|--|
|   |                                 |                                |                     |                    |   |           |          | CE152                                 |                               |  |
|   | Certificate of Original         |                                |                     |                    |   |           |          |                                       | Origin                        |  |
| 3. Consignee  |                                 |                                |                     |                    | TO LEMON OF THE ENOUGH  |           |          |                                       |                               |  |
|   |                                 |                                |                     |                    | Na  | tional    |          | ber of E<br>Lanka                     | xporters of                   |  |
|   |                                 |                                |                     |                    | No 532/4K, Sirikotha Lane, Galle Road, Colombo-03<br>Sri Lanka<br>Phone- 0094-11-4651765<br>Fax- 0094-11-2372818  |           |          |                                       |                               |  |
| 4. Invoice No.  |                                 |                                |                     |                    | E-r   |           | e@nce.   |                                       | o@gmail.com                   |  |
| Date<br>(If Applicable)   |                                 |                                |                     | <b>7.</b> Co       | ountry of O   | rigin Sı  | ri Lanka | ı                                     |                               |  |
| 5. Port of Loading  |                                 | 6. Vessel                      |                     | <b>8.</b> Othe     | er Comments   |           |          |                                       |                               |  |
| 9. Goods Item   | 10. Descrip                     | otion of Goods                 | 11.Shipping N       | 1arks              | 12. Packag  | е Туре    | 13. HS   | Code                                  | 14. Qty & Unit                |  |
| For Official Use (  | Only<br>REGISTERED              | )                              |                     |                    |   |           |          |                                       | Invoice Value<br>• Currency ) |  |
|   | NCE<br>STLUME                   |                                |                     |                    |   |           |          | 16 T-                                 | 4-1 O                         |  |
|   | fy that goods nare of Sri Lanka |                                |                     |                    |   |           |          | 16.10                                 | tal Quantity                  |  |
| Authorised Signatory National Chamber of Exporters of Sri Lanka |                                 |                                |                     |                    | I declare that the goods are of Sri Lanka<br>origin, all particulars above are correctly<br>stated, and that the minimum value<br>addition of goods exported is not less<br>than 25% of the FOB price |           |          |                                       |                               |  |
|   | •                               |                                | orters of Sri Lanka | Submit             |   |           |          |                                       |                               |  |
| Name of Authorized officer<br>Desmond Miles                     |                                 | Contact No +94 114651765       |                     | Name & Designation |   |           |          | Contact No                            |                               |  |
| Date 2017/05/03   |                                 | Signature (Authorized Officer) |                     | Date               | Date  |           |          | This is a computer generated document |                               |  |

No signature required

2017/05/03