

1. Goods Consigned From: Name: SERVICIOS CHILFRESH LTDA. Address: AV. MANUEL LABRA LILLO 588 CURICO, CHILE. ATN CLAUDIA DUARTE Email: CDUARTE@CHILFRESH.CL Phone number: +56 9 8428 9902		REFERENCE NO.: M005-Condado 25-26 THE COMPREHENSIVE AND PROGRESSIVE AGREEMENT FOR TRANS-PACIFIC PARTNERSHIP CERTIFICATE OF ORIGIN (Combined declaration and certificate) FORM CPTPP Issued in Chile		
2. Goods Consigned To: NAM CHAN ONE IMPORT EXPORT CO., LTD 255 LY TU TRONG, BEN THANH WARD, HO CHI MINH CITY, VIETNAM VAT NUMBER: 0313532524 EMAIL: Phone Number: (84-28) 38236426		4. For Official use: <input type="checkbox"/> Non-Party Invoicing <input type="checkbox"/> Certified True Copy		
3. Means of Transportation and route: DEPARTURE DATE: 04-mar-26 VESSEL: ONE SINCERITY 2606W PORT OF LOADING: VALPARAISO, CHILE PORT OF DISCHARGE: HO CHI MINH VIETNAM		5. Producer: Name: Address: Email: Phone number:		
6. Item No. 1	7. Marks, Numbers and kind of packages; Discription of goods Fresh Grapes 0806.10 2.280 BOXES 16.644,00 NET KGS 18.924,00 GROSS KGS HLBU948109-3 CONTAINER NO. HLK1796092 SEAL Distinguishing Marks on Box: ?	8. Origin Criterion WO	9. Quantity of goods 2.280 BOXES	10. Number and date of Invoice M005-Condado 25-26 03-04-26
11. Declaration by the Exporter: The undersigned hereby declares that the above details and statements are correct; that all the goods were produced in: <div style="text-align: center;"> Chile <hr style="width: 80%; margin: 0 auto;"/> (Country of Origin) </div> and that they comply with the origin requirements specified for these goods in the Comprehensive and Progressive Agreement for Trans-Pacific Partnership for the goods to be exported to: <div style="text-align: center;"> Vietnam <hr style="width: 80%; margin: 0 auto;"/> (Importing Country) </div>		12. Certification I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during verification visit, documentation necessary to support this certification. Date: 04-03-2026 Signature:  Name: FRANCISCA LARA Title: 56-32-2188790 Please tick a box to indicate who has completed this origin certification document: <input type="checkbox"/> Importer <input checked="" type="checkbox"/> Exporter <input checked="" type="checkbox"/> Producer		