

Application for Outward Processing Relief

For notes on completion of this form see Notice 235, Section 16

For official use

Authorisation reference **OP**/...../...../.....

This authorisation must be renewed by (date)

1 Applicant's name and address (including postcode)

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.....
.....

1A Is the applicant the person arranging for the process to be carried out? (Yes/No)

If 'No' give full details of the person who is making the arrangement in Box 16, or a separate letter.

Contact

VAT/TURN No: Tel: Fax:

2 Special method required: (✓)

(a) Standard Exchange System (SES)

(b) SES with prior importation

3 Type of application: (✓)

(a) New authorisation

(b) Renewal of an existing authorisation

Date of expiry

(c) Changes to an existing authorisation

Current authorisation number

OP/...../...../.....

4 Number of continuation sheets attached:

5 Records and accounts (including place where they are maintained).

6 Over what period do you wish to be authorised?

From To

7 Details of temporary export goods [see note 7 a-d]			
Commodity Code (a)	Trade and/or technical description of the goods (b) .	Estimated quantity (c)	Estimated value (d)
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8 Details of goods to be produced (compensating products) [see note 8 a-c]		
Commodity Code (a)	Description of Products (b)	Rate of Yield (c)

9 Details of the process to be carried out

10 Country (or countries) in which processing will be carried out

11 Customs office(s)

(a) probably customs office(s) of export

(b) office(s) where compensating products will be reimported:

(c) supervising (customs office):

12 Means of identifying the exported goods in the compensating products

12A Will equivalence be used (Yes/No) (if 'Yes' give reasons)

13 What period do you require in order to reimport your compensating products?

14 Simplified procedures requested (see Notice 235)

15 Will the exported goods be sold to another person outside the UK?

16 Additional information

17 Have you held an authorisation for goods identical to those at (7) above during the last 3 years?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please enter the authorisation reference and/or customs office reference, and date of expiry
.....	

Declaration

I agree to comply with the rules of the relief as laid down in Council Regulation (EC) No 2913/92 and Commission Regulation (EC) No 2454/93 and Notice 235.

Signed Date
 Name (Status of signatory)

Data Protection Act 1998

HM Customs and Excise collects information in order to administer the taxes for which it is responsible (such as VAT, insurance premium tax, excise duties, air passenger duty, landfill tax), and for detecting and preventing crime.

Where the law permits we may also get information about you from third parties, or give information to them, for example in order to check its accuracy, prevent or detect crime or protect public funds in other ways. These third parties may include the police, other government departments and agencies.

For official use

Application

Authorisation

Officer:

Local office:



Telephone no:

Date of receipt:

Authorisation is granted from and applies as detailed on this form and in your authorisation letter. Amendments to the information entered have been made as necessary.

This authorisation is valid until:

Issuing officer:

Date of issue:

Authorisation reference: **OP**/...../...../.....