

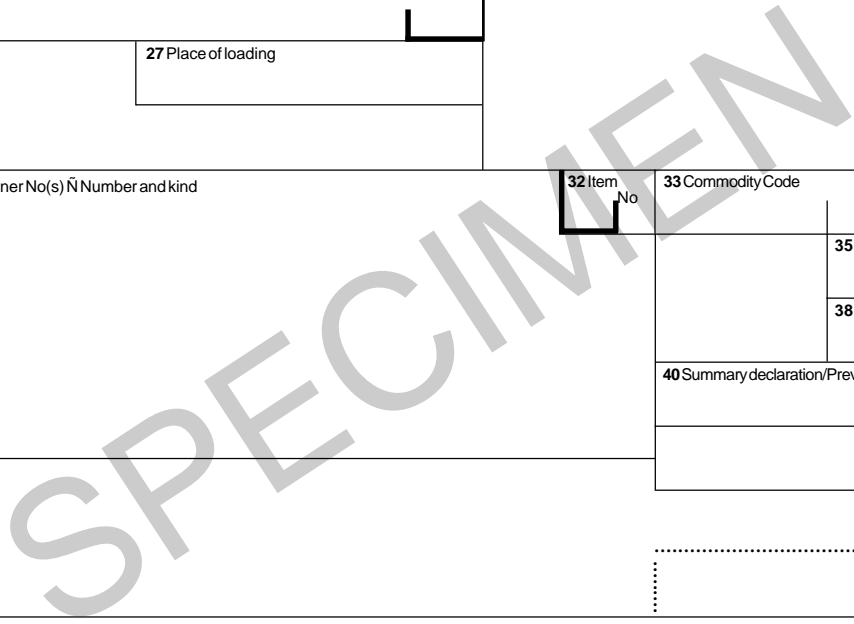
EUROPEAN COMMUNITY

A OFFICE OF DISPATCH/EXPORT

1 DECLARATION

4 Copy for the office of destination	2 Consignor/Exporter No		3 Forms		4 Loading lists			
	8 Consignee No		5 Items				6 Total packages	
	14 Declarant/Representative No		15 Country of dispatch/export				17 Country of destination	
	18 Identity and nationality of means of transport at departure		19 Ctr.		IMPORTANT NOTE Where this copy is used exclusively for establishing the COMMUNITY STATUS OF GOODS NOT MOVING UNDER THE COMMUNITY TRANSIT PROCEDURE, only the information in boxes 1, 2, 3, 5, 14, 31, 32, 35, 54 and, where appropriate, 4, 33, 38, 40 and 44 is needed for that purpose.			
	21 Identity and nationality of active means of transport crossing the border							
	25 Mode of transport at the border		27 Place of loading					

4	31 Packages and description of goods	Marks and numbers Ñ Container No(s) Ñ Number and kind		32 Item No		33 Commodity Code		35 Gross mass (kg)		38 Net mass (kg)	
44 Additional information/ Documents produced/ Certificates and authorisations								40 Summary declaration/Previous document		A.I. Code	



55 Transshipments	Place and country:		Place and country:	
	Ident. and nat new means transp.:		Ident. and nat. new means transp.:	
Ctr. <input type="checkbox"/> (1) Identity of new container:		Ctr. <input type="checkbox"/> (1) Identity of new container:		
(1) Enter 1 if Yes or 0 if NO.		(1) Enter 1 if Yes or 0 if NO.		
F CERTIFICATION BY COMPETENT AUTHORITIES	New seals: Number: identity:		New seals: Number: identity:	
	Signature: Stamp:		Signature: Stamp:	

51 Intended offices of transit (and country)	50 Principal No		Signature:		C OFFICE OF DEPARTURE	
	represented by					
Place and date:						

52 Guarantee not valid for	Code	53 Office of destination (and country)
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D CONTROL BY OFFICE OF DEPARTURE	Stamp:	54 Place and date:
Result:		Signature and name of declarant/representative:
Seals affixed Number:		
Identity:		
Time limit (date):		
Signature:		

<p>56 Other incidents during carriage Details and measures taken</p>	<p>G CERTIFICATION BY COMPETENT AUTHORITIES</p>
<p>H A POSTERIORI CONTROL (Where this copy is used for establishing the Community status of the goods)</p>	
<p>REQUEST FOR VERIFICATION Verification of the authenticity of this document and the accuracy of the information contained therein is requested</p> <p>Place and date: Signature: _____ Stamp: _____</p>	<p>RESULT OF VERIFICATION This document (1) <input type="checkbox"/> was certified by the Customs office indicated and the information contained therein is accurate. <input type="checkbox"/> does not meet the requirements as to authenticity and regularity (see remarks below).</p> <p>Place and date: Signature: _____ Stamp: _____</p>
<p>Remarks:</p>	
<p>(1) Enter <input type="checkbox"/> where applicable</p>	
<p>I CONTROL BY OFFICE OF DESTINATION (COMMUNITY TRANSIT)</p> <p>Date of arrival: Examination of seals: Remarks:</p>	<p>Copy no. 5 returned on after registration under No. Signature: _____ Stamp: _____</p>

