

1 DECLARATION

1 Copy for the country of dispatch/export	2 Consignor/Exporter No		3 Forms		4 Loading lists	
	8 Consignee No		5 Items		6 Total packages	
	14 Declarant/Representative No		9 Person responsible for financial settlement No		7 Reference number	
	18 Identity and nationality of means of transport at departure		19 Ctr.		20 Delivery terms	
	21 Identity and nationality of active means of transport crossing the border		22 Currency and total amount invoiced		23 Exchange rate	
	25 Mode of transport at the border		26 Inland mode of transport		27 Place of loading	
	29 Office of exit		30 Location of goods		28 Financial and banking data	
	10 Country first destin.		11 Trading country		13 CAP	
	15 Country of despatch/export		15 C disp./exp. Code		17 Country destin. Code	
	16 Country of origin		17 Country of destination			

31 Packages and description of goods	Marks and numbers — Container No(s) — Number and kind		32 Item No		33 Commodity Code	
			34 Country origin Code		35 Gross mass (kg)	
			37 PROCEDURE		38 Net mass (kg)	
			40 Summary declaration/Previous document		39 Quota	
44 Additional information/ Documents produced/ Certificates and authorisations			41 Supplementary units		A.I. Code	
					46 Statistical value	

47 Calculation of taxes	Type	Tax base	Rate	Amount	MP	48 Deferred payment	49 Identification of warehouse
Total:						B ACCOUNTING DETAILS	

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

4	2	Consignor/Exporter	No			
	<input type="checkbox"/>					
	8	Consignee	No			
	14	Declarant/Representative	No			
	18	Identity and nationality of means of transport at departure		19	Ctr.	
	21	Identity and nationality of active means of transport crossing the border				
25	Mode of transport at the border		27	Place of loading		
4						

1 DECLARATION

3 Forms

4 Loading lists

5 Items

6 Total packages

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, 4, 5, 14, 31, 32, 35, 54 and, where appropriate, 33, 38, 40 and 44 is needed for that purpose.

15 Country of dispatch/export

17 Country of destination

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

55	55	Transshipments				
	Place and country:			Place and country:		
	Ident. and nat. new mean 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.				

F	F	CERTIFICATION BY COMPETENT AUTHORITIES			
	New seals: Number:	identity:	Signature:	Stamp:	

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

52	52	Guarantee not valid for			
		Code	53	Office of destination (and country)	

D	D	CONTROL BY OFFICE OF DEPARTURE			
	Result:				
	Seals affixed: Number:				
	Identity:				
	Time limit (date):				
		Signature:	Stamp:	54	Place and date:
				Signature and name of declarant/representative:	

EUROPEAN COMMUNITY

1 DECLARATION

5 Copy for return — Community transit	2 Consignor/Exporter No		3 Forms		4 Loading lists	
	8 Consignee No		5 Items		6 Total packages	
	15 Country of dispatch/export		17 Country of destination			
	18 Identity and nationality of means of transport at departure		19 Ctr.		Tilbagesendes til: Zurücksenden an:	
	21 Identity and nationality of active means of transport crossing the border				Να επιστραφεί: Return to:	
25 Mode of transport at the border		27 Place of loading		Renvoyer à: Rinviare a:		
25 Mode of transport at the border		27 Place of loading		Terugzenden aan: Devolvera:		
5			<p style="text-align: center;">CCTO Custom House Main Road Dovercourt Harwich CO12 3PG ENGLAND</p>			

31 Packages and description of goods	Marks and numbers — Container No(s) — Number and kind		32 Item No	33 Commodity Code	
				35 Gross mass (kg)	
				38 Net mass (kg)	
		40 Summary declaration/Previous document			

44 Additional information/ Documents produced/ Certificates and authorisations	A.I. Code	

55 Transshipments	Place and country:		Place and country:	
	Ident. and nat. new means transp.:		Ident. and nat. new mean transp.:	
	Ctr. (1) Identity of new container:		Ctr. (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:	

50 Principal	No		Signature:		C OFFICE OF DEPARTURE	
	represented by					
51 Intended offices of transit (and country)	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:	
Result:		
Seals affixed: Number:		
Identity:		
Time limit (date):		
Signature:		

Station/Company code	Port/Station of first lodgement if other than Port of Shipment
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Examination at premises/warehouse

HCO only — compared with stock account
 — compared with HO 16

Tobacco Products only — compared with TP8
 Compared with Excise Control Document

Station reference	Date stamp
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* Not sampled
 * Sample forwarded to Government chemist Signature

Examination at shipment

Rotation number	
Station reference	Date stamp

* Not sampled
 * Sample forwarded to Government chemist Signature

Certificate of shipment

Deficiencies found	Number missing	Number broken	Losses (Qty)	
			Allowed	Chargeable
Bottles				
Cases		X		
Casks		X		
Bulk	X	X		
Packages For tobacco products only		X		

OPR — Quantities transferred to Box 19 of authorisation

Name and address for return of this copy

* Delete as necessary

<p>56 Other incidents during carriage Details and measures taken</p>	<p>G CERTIFICATION BY COMPETENT AUTHORITIES</p>
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H A POSTERIORI CONTROL (Where this copy is used for establishing the Community status of the goods)

<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>
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SPECIMEN

56 Other incidents during carriage
Details and measures taken

G CERTIFICATION BY COMPETENT AUTHORITIES

SPECIMEN

I CONTROL BY OFFICE OF DESTINATION (COMMUNITY TRANSIT)

Date of arrival:

Examination of seals:

Remarks:

Copy no 5 returned

on

after registration under

No

Signature:

Stamp:

COMMUNITY TRANSIT -- RECEIPT (To be completed by the person concerned before presentation to the office of destination)

This is to certify that the document issued by the Customs office at

..... (name and country) under No.

has been lodged and that no irregularity has been observed to date concerning the consignment to which this document refers.

Stamp of
office of destination:

Date:

Signature: