

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 dispatch/export		16 Country of origin		17 Country of destination	
	15 C disp./exp. Code		17 Country destin. Code			

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	
44 Additional information/ Documents produced/ Certificates and authorisations					38 Net mass (kg)	
					39 Quota	
					40 Summary declaration/Previous document	
					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:		

2 Statistical copy - Country of dispatch/export 2	2 Consignor/Exporter No <input type="checkbox"/>		1 DECLARATION			
			3 Forms <input type="checkbox"/>		4 Loading lists <input type="checkbox"/>	
			5 Items <input type="checkbox"/>		6 Total packages <input type="checkbox"/>	
					7 Reference number <input type="checkbox"/>	
	8 Consignee No <input type="checkbox"/>		9 Person responsible for financial settlement No <input type="checkbox"/>			
			10 Country first destin. <input type="checkbox"/>		11 Trading country. <input type="checkbox"/>	
					13 CAP <input type="checkbox"/>	
	14 Declarant/Representative No <input type="checkbox"/>		15 Country of dispatch/export <input type="checkbox"/>		15 C disp./exp. Code a ₁ b ₁	
			16 Country of origin <input type="checkbox"/>		17 Country of destination a ₁ b ₁	
	18 Identity and nationality of means of transport at departure <input type="checkbox"/>		19 Ctr. <input type="checkbox"/>		20 Delivery terms <input type="checkbox"/>	

31 Packages and description of goods	25 Mode of transport at the border <input type="checkbox"/>		26 Inland mode of transport <input type="checkbox"/>		27 Place of loading <input type="checkbox"/>		28 Financial and banking data <input type="checkbox"/>	
	21 Identity and nationality of active means of transport crossing the border <input type="checkbox"/>		22 Currency and total amount invoiced <input type="checkbox"/>		23 Exchange rate <input type="checkbox"/>		24 Nature of transaction <input type="checkbox"/>	
	29 Office of exit <input type="checkbox"/>		30 Location of goods <input type="checkbox"/>		32 Item No <input type="checkbox"/>		33 Commodity Code <input type="checkbox"/>	
	34 Country origin Code a ₁ b ₁		35 Gross mass (kg) <input type="checkbox"/>		37 PROCEDURE <input type="checkbox"/>		38 Net mass (kg) <input type="checkbox"/>	

47 Calculation of taxes	Type	Tax base	Rate	Amount	MP	48 Deferred payment <input type="checkbox"/>	49 Identification of warehouse <input type="checkbox"/>
	Total:						

50 Principal No <input type="checkbox"/>	Signature: _____		C OFFICE OF DEPARTURE	
	51 Intended offices of transit (and country) represented by _____ Place and date: _____			

52 Guarantee not valid for <input type="checkbox"/>	Code <input type="checkbox"/>	53 Office of destination (and country) <input type="checkbox"/>
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:

3 Copy for the consignor/exporter	2 Consignor/Exporter No		1 DECLARATION		
	3 Forms		4 Loading lists		
	5 Items		6 Total packages		7 Reference number
	8 Consignee No		9 Person responsible for financial settlement No		
	10 Country first destin.		11 Trading country.		13 CAP
	14 Declarant/Representative No		15 Country of dispatch/export		15 C disp./exp. Code a ₁ b ₁
	16 Country of origin		17 Country of destination a ₁ b ₁		
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	24 Nature of transaction
25 Mode of transport at the border	26 Inland mode of transport	27 Place of loading		28 Financial and banking data	
29 Office of exit		30 Location of goods			

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 a ₁ b ₁		35 Gross mass (kg)		39 Quota
	37 PROCEDURE		38 Net mass (kg)		40 Summary declaration/Previous document
	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:					

1 DECLARATION

4

Copy for the office of destination

2 Consignor/Exporter No

3 Forms	4 Loading lists
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5 Items

6 Total packages

8 Consignee No

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.

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.

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 -- 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 means 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

51 Intended offices of transit (and country)

represented by

Place and date:

52 Guarantee not valid for

Code

53 Office of destination (and country)

D/J CONTROL BY OFFICE OF DEPARTURE

Stamp:

54 Place and date:

Result:
Seals affixed: Number:
Identity:
Time limit (date):
Signature:

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:	
5					Terugzenden aan: Devolver a:	
					CCTO Custom House Main Road Dovercourt Harwich CO12 3PG ENGLAND	

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 meanstransp.:	
	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:		

7 Statistical copy - Country of destination	2 Consignor/Exporter No		1 DECLARATION		A OFFICE OF DESTINATION	
	3 Forms		4 Loading lists			
	5 Items		6 Total packages		7 Reference number	
	8 Consignee No		9 Person responsible for financial settlement No			
	10 Country/last con-signed		11 Trad./Prod. country		12 Value details	
	13 CAP		14 Declarant/Representative No		15 Country of dispatch/export	
	15 C disp./exp. Code		16 Country of origin		17 Country of destination	
17 Country destin. Code		18 Identity and nationality of means of transport on arrival		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		24 Nature of transaction		25 Mode of transport at the border		
26 Inland mode of transport		27 Place of unloading		28 Financial and banking data		
29 Office of entry		30 Location of goods				

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)		36 Preference	
	37 PROCEDURE		38 Net mass (kg)		39 Quota	
	40 Summary declaration/Previous document					
44 Additional information/ Documents produced/ Certificates and authorisations	41 Supplementary units		42 Item price		43 VM code	
	A.I. Code		45 Adjustment			
	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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J CONTROL BY OFFICE OF DESTINATION	Stamp:	54 Place and date:
		Signature and name of declarant/representative:

E CONTROL BY OFFICE OF DISPATCH/EXPORT

Station/Company code	Port/Station of first lodgement if other than Port of Shipment
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Examination at premises/warehouse <input type="checkbox"/> HCO only - compared with stock account <input type="checkbox"/> - compared with HO 16	<input type="checkbox"/> Tobacco Products only - compared with TP8 <input type="checkbox"/> Compared with Excise Control Document				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Station reference</td> <td style="width:50%; padding: 5px;">Date stamp</td> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>	Station reference	Date stamp		
Station reference	Date stamp				

* Not sampled
 * Sample forwarded to Government chemist Signature

	Rotation number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Station reference</td> <td style="width:50%; padding: 5px;">Date stamp</td> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>	Station reference	Date stamp		
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

56 Other incidents during carriage

Details and measures taken

G CERTIFICATION BY COMPETENT AUTHORITIES

H A POSTERIORI CONTROL (Where this copy is used for establishing the Community status of the goods)

REQUEST FOR VERIFICATION

Verification of the authenticity of this document and the accuracy of the information contained therein is requested

Place and date:

Signature:

Stamp:

RESULT OF VERIFICATION

This document (1)

was certified by the Customs office indicated and the information contained therein is accurate.

does not meet the requirements as to authenticity and regularity (see remarks below).

Place and date:

Signature:

Stamp:

Remarks:

(1) Enter where applicable.

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:

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: