



Request for Removal to Private Premises and/or Official Attendance under Flat Rate Charge

Notes

- 1 This form is to be completed in duplicate as directed in Notice 112A which also contains requirements for Sunday and Public Holiday attendances.
- 2 Your remittance must accompany this form unless removal of imported goods is required when the EPU or other Customs Office will give you payment instructions. Refunds will be made when appropriate.
- 3 When also requesting removal, you must ensure that the Bond Section certify the offered security.

The officer

A Particulars of Applicant	Ref No.	Tel. No.
Name and address	Address of premises for official attendance	

Reason(s) for request

Are you requesting removal of imported goods? If **'Yes'**, complete parts B & C **Yes** **No**
If **'No'** proceed directly to part C.

B Importation Details	Are the goods unaccompanied baggage or household effects? If 'Yes' proceed directly to Part C.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Ship/Flight number	Date of arrival	Place of unloading
Entry number(s) and date(s)	Marks & Numbers; number of packages; container number(s)	Brief description

C Declaration

I, of

request permission to removal the goods under the terms of bond/guarantee/undertaking ref. number date

Tick Box

request the attendance of an officer at the address and for the reasons stated at a date and time to be arranged

Signature Status Grade

<p>Details of attendance</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Grade</th> <th style="width:50%;">*Hours</th> </tr> <tr> <td style="text-align: center;">HEO</td> <td></td> </tr> <tr> <td style="text-align: center;">EO</td> <td></td> </tr> <tr> <td style="text-align: center;">Other (state which)</td> <td></td> </tr> </table>	Grade	*Hours	HEO		EO		Other (state which)		<p>For Official Use</p> <p>Requested granted</p> <p>..... (Officer)</p> <p>Date stamp</p>	<p>Security in force</p> <p>£</p> <p>..... (Officer)</p> <p>Bond date stamp</p>
Grade	*Hours									
HEO										
EO										
Other (state which)										

*to nearest half hour including travelling time

D Payment accepted £ Cashier	Accounting document No. and date	ROD No. and date
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E Refunds
Officers statement and certificate

Signature Name Date

(in BLOCK LETTERS)

Station date stamp	Accounting document No. and date stamp
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Input of Vote Transactions (Refunds)

Transaction Type Series Description Type

Doc. No.	See above	Sub-ledger	
ROD No.	See above		
Optional Description			Ref.
Cost Centre	Account	D/C	Transaction total
	2 0 7 2 3	D	

Creation of Payable Order

Transaction Type Series Description Type

Cost Centre		Account	
Debit/Credit	Transaction Total		
Accounting Doc. No.			

Completed by
Signature

Checked by (DP use only)
Signature Record No.



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D Payment accepted £ Cashier	Accounting document No. and date	ROD No. and date
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Input of Vote Transactions (Receipts)

Transaction Type Series Description Type

Doc. No.	See above	Sub-ledger	
ROD No.	See above		
Optional Description		Ref.	
Cost Centre	Account	D/C	Transaction total
	2 0 7 2 3	C	

Completed by
Signature

Checked by (DP use only)
Signature Record No.