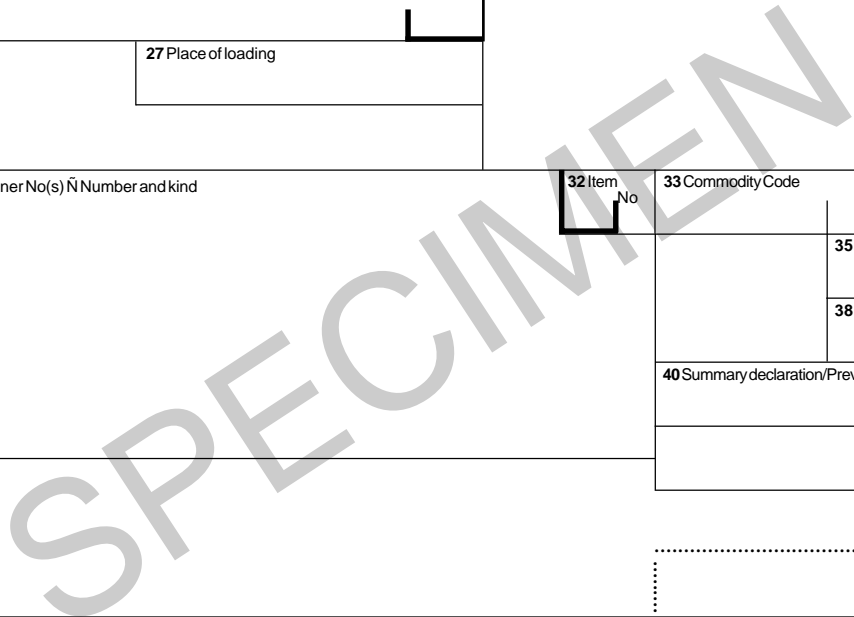


EUROPEAN COMMUNITY

A OFFICE OF DISPATCH/EXPORT

4 Copy for the office of destination	2 Consignor/Exporter No		1 DECLARATION	
	3 Forms		4 Loading lists	
	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, 5, 14, 31, 32, 35, 54 and, where appropriate, 4, 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		



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)
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. <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>