

EUROPEAN COMMUNITY

TRANSIT/SECURITY ACCOMPANYING DOCUMENT	Consignor/Exporter (2) <input type="checkbox"/> No		DECLARATION TYPE (1)		MRN	
			Other SCI (S32)			
			Forms (3)			Sec. Decl. (S00)
			001			
			Items (5)	Total packages (6)	Gross mass (kg) (35)	
	Consignee (8) <input type="checkbox"/> No		Reference numbers (7)			
			Return copy has to be sent to the office:			
	Date and time of arrival at first place of arrival in Customs territory (S12)		C. disp./exp. Code (15)		Country destn. Code (17)	
	Transport Charges Method of Payment (S29)		Other incidents during carriage Details and measures taken (56)		CERTIFICATION BY COMPETENT AUTHORITIES (G)	
	Identity and nationality of means of transport at departure (18)					
Identity and nationality of active means of transport crossing the border (21)						
Mode of transport (25)	Location of goods (30)					
<input type="checkbox"/> at the border		Countries (ies) of routing codes (S13)				
Place of loading (S17)	Place of unloading (S18)					
Conveyance reference number (S10)						
Consignee (security) (S06) <input type="checkbox"/> No		Consignor (security) (S04) <input type="checkbox"/> No				
Carrier (S07) <input type="checkbox"/> No						
Transshipments (55)	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:	(1) Enter 1 if YES and 0 if NO.	Ctr. <input type="checkbox"/> (1) Identity of new container:	(1) Enter 1 if YES and 0 if NO.		
CERTIFICATION BY COMPETENT AUTHORITIES (F)	New seals: Number: _____ identity: _____		New seals: Number: _____ identity: _____			
	Signature: _____ Stamp: _____	<input type="checkbox"/> Data already recorded into the system	Signature: _____ Stamp: _____	<input type="checkbox"/> Data already recorded into the system		
Intended offices of transit (and country) (51)	Principal/TIR Holder (50) <input type="checkbox"/> No		OFFICE OF DEPARTURE (C)			
Guarantee not valid for (52)			Code	Office of destination (and country) (53)		
CONTROL BY OFFICE OF DEPARTURE (D)		CONTROL BY OFFICE OF DESTINATION (I)				
Result:		Date of arrival:		Return copy sent		
Seals affixed: Number: _____ identity: _____		Examination of seals:		on _____ after registration under		
Time limit (date): _____		Remarks:		No _____		
				Signature: _____	Stamp: _____	