

								1 D o	eclarat		oatch/export a	nd date of accep	tance	
	0	2 Consignor/exporter Number					Other SC1 (532)							
	Ľ													
								3 Cont.	3 Cont. sheets					
	2 2 2							5 Items	6 Tota	al packages 7 Referer	nce number			
	CONTROL													
	8	8 Consigne	ee	Ν	lumber			Seal nur	Seal number (S28)					
	Ш													
										C10 R	PA guarantee	number		
	CAP EXPORT									I				
	ШЩ								1 I.					
	AP	14 Declara	ant/represen	ntative Nu	mber			1 5a Cou	intry of expor	t	15 C disp. /ex	xp. code 17a Co	untry destin. code	
								Transport charges method of payment (S29) a b a b						
	0							Country(ies) of routing codes (\$13)						
		19 Identit	u and nation	nality of means of trans	aart at daaartur		19 CTR	Country	(les) of fourin	g codes (STS)				
		10 identit	y and nation	latity of means of trans	port at departure		IS CIR							
		21 Identity and nationality of active means of transport crossing the border						22 Currency and total amount invoiced 23 Exchange rate						
			of transport the border	26 Inland mode of transport	27 Place of loa	ding								
		29 Office			20			_						
		29 Office	orexit		30 Location of	gooas								
	ckages	Marks and	l numbers –	- container number(s) –	• number and kin	d			32 Line number	33 Commodity code/	ERN code			
and des	d scription								number					
of	goods	-	-			1 cp				34a Country origin code	35 Gross ma	ss (kg)		
44 A.I sta	tement	Document code	Document status	Reference (for exampl refund certificate and		edient SD code, AFC	-,	Quantity	Percentage	37 Procedure	38 Net mass	((10)		
			code								30 Net IIIdss	(ку)		
										40 Summary declarat	ion/previous d	ocument		
											·			
										41 Supplementary un	its Seal ı	number (S28)		
												-		
										A.I. code		47a Tax type		
										46 Statistical value		47e Method o	of payment	
										-			1	
										49 Identification of wa	arehouse	B Accounting	details	
										1			,	
										Date received in centr For RPA use only	al control			
										Tor KrA use only				
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										1				
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Route	e code													
		50 Princip	al	Nu	ımber	Sig	nature			C Office o	f departure			
	ended ices of													
	nsit (and ntry)	Represented by								ł				
country)		Place and date												
								53 Office of destination (and co			d country)			
										53 Uffice of d	estination (and	u country)		
D (Control by	y office of departure Stamp xed number								Place and date				
	Result													
9	Seals affix									Signature				
	dentity													
	Fime limit Signature								Name of declarant or representative (use capital letters)					
	-													
war decl	Warning: By signing this form you make the legal Phone number declarations set out in the Instructions for completion. Phone number													

Route codes	Code	Tick box	
Goods exported directly from the UK to a non-member country	01		
Goods left the UK for export from the Community in transit via another Member State - T5 required	02		
Goods transhipped in the UK or another Member State before export from the Community	03		
Goods delivered in UK to a victualling warehouse	06		
Goods delivered in UK to an entitled destination	07		
Goods exported directly from the UK to an entitled destination in a non-member country			
Goods left the UK for delivery to an entitled destination in another Member State - T5 required	09		
Goods transhipped in the UK or another Member State before export to an entitled destination in a non-member country	10		
Goods left the UK for delivery to an entitled destination in a non-member country in transit via another Member State - T5 required			
Goods left the UK for direct delivery to an entitled destination in another Member State	12		

Only to be completed by HM Revenue & Customs during fallback

Examination summary		EF	Ot	her <i>(specify bel</i>	ow)			
Line number of goods	Refund claim? (Y or N)	Risk examination recommendation (Y, N or M). <i>Insert M</i> <i>if this is mandatory</i>	Accept recommendation (Y or N)	Override reason code	Examination reference	Sample reference	Examination satisfactory? (Y or N)	If examination not satisfactory, give C&E 596/DCIS reference number. If C&E 596 not completed give reason
Officers comments Examination of report form(s) attached (insert number)								Office date stamp
Signature (name of officer)								

Certificate of shipment or disposal Satisfied that goods have been shipped or disposed of, as per the route code in box 44 on page 1

Signature	Phone number
	Mobile number
Name of officer	
	Fax number
Full office address	
	Office date stamp