

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 | | 38 Net mass (kg) | |
| | | | 40 Summary declaration/Previous document | | 39 Quota | |
| | | | 41 Supplementary units | | 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) |
|----------------------------|------|--|

| | | |
|----------------------------------|--------|---|
| 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 | 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 | 17 Country destin. Code a ₁ b ₁ | |
| | | | 16 Country of origin | | 17 Country of destination | | |
| | 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) | | |
| | | | 37 PROCEDURE | 38 Net mass (kg) | 39 Quota | |
| | 40 Summary declaration/Previous document | | | | | |
| | 41 Supplementary units | | | | | |
| 44 Additional information/ Documents produced/ Certificates and authorisations | | | | | | A.I. Code |
| | | | | | | 46 Statistical value |

| | | | | | | | |
|-------------------------|--------|----------|------|--------|----|---------------------|--------------------------------|
| 47 Calculation of taxes | Type | Tax base | Rate | Amount | MP | 48 Deferred payment | 49 Identification of warehouse |
| | | | | | | | |
| | Total: | | | | | | |

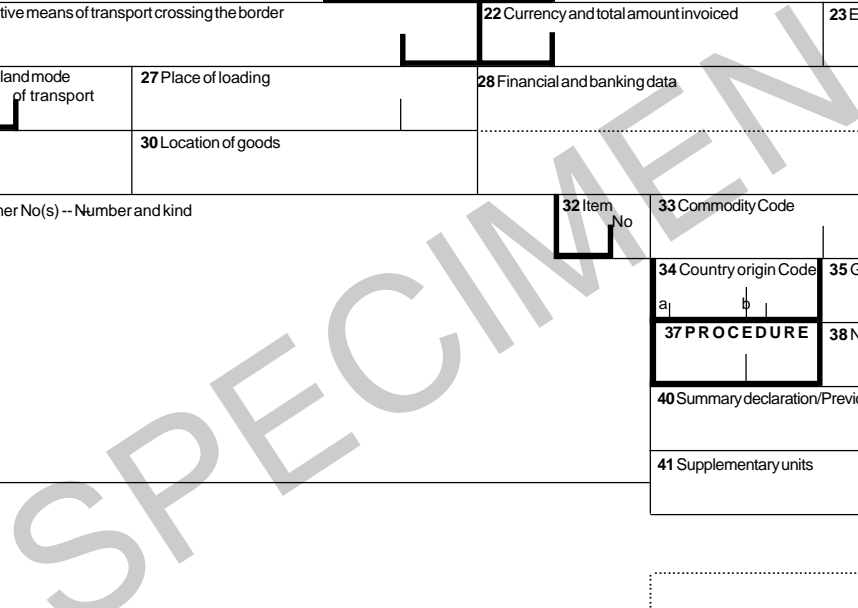
B ACCOUNTING DETAILS

| | | | | | |
|--|--|-----------------------------------|--|-----------------------|--|
| 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) |
|----------------------------|------|--|

| | | | |
|--|--|---|--------------------|
| D 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: | |

| | | | | | |
|--|--|---------------------------------------|--|---------------------|---|
| 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 | | | |



| | | | | | |
|--------------------------------------|---|--|--------------------|-------------------|--|
| 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) | |
|----------------------------|--|------|--|--|--|

| | | | | | |
|----------------------------------|--|--------|--|---|--|
| 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

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:

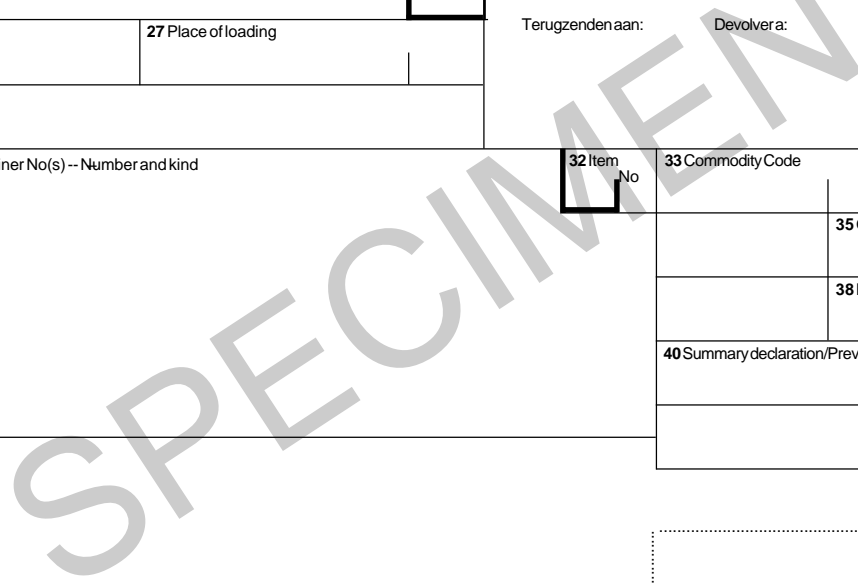
Result:
Seals affixed: Number:
Identity:
Time limit (date):
Signature:

Signature and name of declarant/representative:

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) | |
| 44 Additional information/ Documents produced/ Certificates and authorisations | 40 Summary declaration/Previous document | | | | 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) | |
|--------------|---------------|--|------|--|--|--|

| | | |
|----------------------------------|--------|--|
| 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 | 17 Country destin. Code |
| | | | | | a ₁ b ₁ | a ₁ b ₁ |
| 16 Country of origin | | 17 Country of destination | | | | |
| 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 | | |
| 7 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 |
| | | | | a ₁ b ₁ | | |
| | | | | 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) | | |
|----------------------------|--|------|--|--|--|

| | | | | | |
|------------------------------------|--|--------|---|--|--|
| 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 |
|----------------------|--|

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 |
|---|--|

| | |
|-------------------|------------|
| 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%; height: 100px; vertical-align: top;">Station reference</td> <td style="width:50%; height: 100px; vertical-align: top;">Date stamp</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 | | |
| 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: