A OFFICE OF DISPATCH/EXPORT

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A OFFICE OF DISPATCH/EXPORT

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A OFFICE OF DISPATCH/EXPORT

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A OFFICE OF DISPATCH/EXPORT

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1234567

EUROPEAN COMMUNITY

Signature and name of declarant/representative:

A OFFICE OF DESTINATION

1 D E C L A R A T I O N

A OFFICE OF DESTINATION

EUF	ROPE	EAN CO	OMMUN	ITY	123	4567		1 D E	CLARA	TION					
7	2 Cons	ignor/Exporter		No				1							
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Country of destination								5 Items	6 Tota	alpackage	s 7 Reference	cenumber			
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ocuments roduced/															
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nsiç									10 Countr	ylast 11	Trad./Prod. country	12 Valued	etails			13CAP
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0 C		18 Identit	y and nationality	vofmeansoftr	ansportor	arrival		19 Ctr.	20 Deliver	vterms						
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C88 (1-8)

E CONTROL BY OFFICE OF DISPATCH/EXPORT							
Station/Company code	Port	t/Station of	firstlodgementi	fotherth	nan Port of Shipment	t	
Examination at premises/warehouse			Tobacco	Produc	tsonly-compared	with TP8	
			Compare	ed with E	Excise Control Docur	nent	
HCO only — compared with stock account							
— compared with HO 16			Station referen	се		Datestamp	
*Notsampled		-					
* Sample forwarded to Government chemist		. 5	signature				
Examination at shipment			Rotation numb	er			
			Station referen	се		Date stamp	
*Notsampled		_					
*Sample forwarded to Government chemist		. 8	Signature				
Certificate of shipment	Deficiencies		Number missing		lumber roken	Losse Allowed	s (Qty) Chargeable
	found		missing		IUKEII	Allowed	Chargeable
	Bottles						
				_			
	Cases				>		
					$\langle \rangle$		
	Casks				\nearrow		
	Bulk		\searrow				
				\searrow			
	Packages	ucto only					
	For tobacco prod	UCIS ONLY			<		
OPR—Quantities transferred to Box 19 of authorisation							
Name and address for return of this copy							

* Delete as necessary

56 Other incidents during carriage		G CERTIFICATION BY COMPETENT	AUTHORITIES
Details and measures taken			
H A POSTERIORI CONTROL (Where this copy is used for establishing the Community status of the	egoods)	<u> </u>	
REQUESTFOR VERIFICATION	RESULT OF VERIFIC	ATION	
Verification of the authenticity of this document and the accuracy of the information contained	This document (1)		
therein is requested	is accurate	the Customs office indicated and the information	ation contained therein
	does not meet th	he requirements as to authenticity and regul	arity (see remarks below).
Place and date:	Place and date:		
Signature: Stamp:	Signature:		Stamp:
	J		
Remarks:			
(1) Enter where applicable.			
I CONTROL BY OFFICE OF DESTINATION (COMMUNITY TRANSIT)			
Date of arrival:		Copy no. 5 returned	
Examination of seals:		on	
		after registration under	
Remarks:		No.	
		Signature:	Stamp:

56 Other incidents during carraige Details and measures taken	G CERTIFICATION BY COMPETENT AUTHORITIES

I CONTROL BY OFFIC	E OF DESTINATION (COMMUNITY TRANSIT)		
Date of arrival:		Copy no 5 returned	
Examination of seals:		an	
		after registration under	
		No	
Remarks:			
		Signature:	Stamp:
		·	
COMMUNITY TRANSIT	RECEIPT (To be completed by the person concerned before presentatio	n to the office of destination)	
This is to certify that the doc	ument	issued by the Customs office at	Stampof
		der No	office of destination
	pirregularity has been observed to date concerning the consignment to wh		
5			
Date:	Signature:		

J CONTROL BY OFFICE OF DESTINATION
