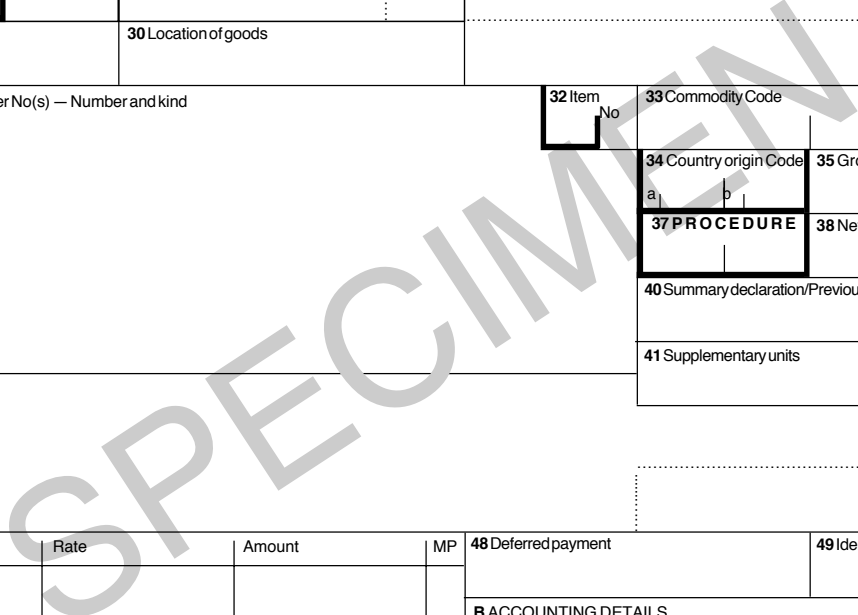


<b>1</b>	<b>6</b>	2 Consignor/Exporter No		<b>1</b> DECLARATION			
		3 Forms		4 Loading lists			
		5 Items		6 Total packages		7 Reference number	
		8 Consignee No		9 Person responsible for financial settlement No			
		10 Cty. 1st. dest/ last consig.		11 Trad./Prod. country.		12 Value details	
		13 CAP		14 Declarant/Representative No		15 Country of dispatch/export	
		16 Country of origin		17 Country of destination		15 C disp./exp. Code	
		18 Identity and nationality of means of transport at departure/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 loading/unloading		28 Financial and banking data					
29 Office of exit/entry		30 Location of goods					
31 Packages and description of goods		32 Item No		33 Commodity Code			
44 Additional information/ Documents produced/ Certificates and authorisations		34 Country origin Code		35 Gross mass (kg)			
		36 Preference		37 PROCEDURE			
		38 Net mass (kg)		39 Quota			
		40 Summary declaration/Previous document					
41 Supplementary units		42 Item price		43 VM Code			
45 Adjustment		46 Statistical value					
47 Calculation of taxes		48 Deferred payment		49 Identification of warehouse			
Type		Tax base		Rate			
Amount		MP		B ACCOUNTING DETAILS			
Total:							
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/DESTINATION		Stamp:		54 Place and date:			
Result:		Seals affixed: Number:		Identity:			
Time limit (date):		Signature and name of declarant/representative:					
Signature:							



EUROPEAN COMMUNITY

1 DECLARATION

27	2 Consignor/Exporter	No	3 Forms		4 Loading lists	
	5 Items	6 Total packages	7 Reference number			
27	8 Consignee	No	9 Person responsible for financial settlement No			
	10 Cty. 1st. dest/ last consig.		11 Trad./Prod. country.	12 Value details		13 CAP
27	14 Declarant/Representative		15 Country of dispatch/export		15 C disp./exp. Code	
	16 Country of origin		17 Country of destination			
27	18 Identity and nationality of means of transport at departure/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
27	25 Mode of transport at the border	26 Inland mode of transport	27 Place of loading/unloading		28 Financial and banking data	
	29 Office of exit/entry		30 Location of goods			

27	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
27	44 Additional information/ Documents produced/ Certificates and authorisations	37 PROCEDURE		38 Net mass (kg)		39 Quota
		40 Summary declaration/Previous document		41 Supplementary units		42 Item price
27	47 Calculation of taxes	A.I. Code		45 Adjustment		43 VM Code
		46 Statistical value				

Type	Tax base	Rate	Amount	MP	48 Deferred payment	49 Identification of warehouse
Total:						

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)
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D/J CONTROL BY OFFICE OF DEPARTURE/DESTINATION	Stamp:	54 Place and date:
Result:		Signature and name of declarant/representative:
Seals affixed: Number:		
Identity:		
Time limit (date):		
Signature:		

EUROPEAN COMMUNITY

1 DECLARATION

3 8 Copy for the consignor/exporter Copy for the consignee	2 Consignor/Exporter No <input type="checkbox"/>	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/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
	25 Mode of transport at the border	26 Inland mode of transport	27 Place of loading/unloading
3 8	29 Office of exit/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)
		37 PROCEDURE	38 Net mass (kg)
		40 Summary declaration/Previous document	39 Quota
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)
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D/J CONTROL BY OFFICE OF DEPARTURE/DESTINATION	Stamp:	54 Place and date:
Result:		Signature and name of declarant/representative:
Seals affixed: Number:		
Identity:		
Time limit (date):		
Signature:		

EUROPEAN COMMUNITY

<b>4</b>	<b>5</b>	2 Consignor/Exporter	No	<b>1 DECLARATION</b>			
		<input type="checkbox"/>		3 Forms	4 Loading lists		
				5 Items	6 Total packages		
		8 Consignee		No		<b>IMPORTANT NOTE</b>  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			
18 Identity and nationality of means of transport at departure		19 Ctr.		17 Country of destination			
21 Identity and nationality of active means of transport crossing the border				Tilbagesendes til:                      Zurücksenden an: Να επιστραφεί                              Return to: <b>BT-CCTO</b> Renvoyer à;                                      Rinviare a: <b>HM Revenue and Customs</b> Terugzenden aan:                              Devolver a: <b>BX9 1EH</b>			
25 Mode of transport at the border		27 Place of loading					
<b>4</b>	<b>5</b>	31 Packages and description of goods		32 Item No	33 Commodity Code		
		Marks and numbers - Container No(s) - Number and kind					
				35 Gross mass (kg)			
				38 Net mass (kg)			
				40 Summary declaration/Previous document			
				A.I. Code			
44 Additional information/ Documents produced/ Certificates and authorisations							
55 Transshipments		Place and country:		Place and country:			
		Ident. and nat. new means transp.:		Ident. and nat. new meanstransp.:			
		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:			
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:							

SPECIMEN

<b>56 Other incidents during carriage</b> Details and measures taken	<b>G CERTIFICATION BY COMPETENT AUTHORITIES</b>
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**H A POSTERIORI CONTROL (Where this copy is used for establishing the Community status of the goods)**

<b>REQUEST FOR VERIFICATION</b> Verification of the authenticity of this document and the accuracy of the information contained therein is requested   Place and date: Signature: _____ Stamp: _____	<b>RESULT OF VERIFICATION</b> 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).  Place and date: Signature: _____ Stamp: _____
Remarks:          (1) Enter <input checked="" type="checkbox"/> where applicable	

SPECIMEN

<b>I CONTROL BY OFFICE OF DESTINATION (COMMUNITY TRANSIT)</b>  Date of arrival: Examination of seals:  Remarks:	Copy no. 5 returned on  after registration under  No.  Signature: _____ Stamp: _____
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<b>COMMUNITY TRANSIT -- RECEIPT</b> (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: _____	