

Copy for the country of dispatch/export	1 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		
	14 Declarant/Representative No		10 Country first destin.	11 Trading country	13 CAP
	15 Country of despatch/export		15 C disp./exp. Code	17 Country destin. Code	
	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		
1 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	35 Gross mass (kg)	
			37 PROCEDURE	38 Net mass (kg)	39 Quota
			40 Summary declaration/Previous document		
44 Additional information/ Documents produced/ Certificates and authorisations			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)		
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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:			

EUROPEAN COMMUNITY

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		25 Mode of transport at the border		27 Place of loading	

Να επιστραφεί
Renvoyer à:
Terugzenden aan:

Return to:
Rinvviare a:
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	

55 Transshipments	Place and country:	Place and country:
	Ident. and nat. new means transp.:	Ident. and nat. new mean transp.:
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:	
Result:		
Seals affixed: Number:		
Identity:		
Time limit (date):		
Signature:		

Station/Company code	Port/Station of first lodgement if other than Port of Shipment
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Examination at premises/warehouse

HCO only — compared with stock account
 — compared with HO 16

Tobacco Products only — compared with TP8
 Compared with Excise Control Document

Station reference	Date stamp
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* Not sampled
 * Sample forwarded to Government chemist Signature

Examination at shipment

Rotation number	
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	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

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

<p>REQUEST FOR VERIFICATION Verification of the authenticity of this document and the accuracy of the information contained therein is requested</p> <p>Place and date: Signature: _____ Stamp: _____</p>	<p>RESULT OF VERIFICATION This document (1)</p> <p><input type="checkbox"/> was certified by the Customs office indicated and the information contained therein is accurate</p> <p><input type="checkbox"/> does not meet the requirements as to authenticity and regularity (see remarks below).</p> <p>Place and date: Signature: _____ Stamp: _____</p>
<p>Remarks:</p>	
<p>(1) Enter <input type="checkbox"/> where applicable.</p>	

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

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: