

RETURN AS QUICKLY AS POSSIBLE: FAX 00 43 7711 31630-1

CONTACT INFORMATIONS:

COMPANY	
ADDRESS (STREET NAME AND NR.)	
POSTAL CODE, CITY	
MR./MRS.	
TEL:	
FAX:	
EORI NUMBER	

SHIPMENT DATA:

SENDER:	
CARRIER:	
PLATE NUMBER:	
QUANTITY AND WEIGHT	

TRANSIT DOCUMENT (T1/T2) PREPARATION: (MARK WITH CROSS WHERE APPROPRIATE)

WE DO SELF-DECLARATION,
TRUCK HAS TO PRESENT THE GOODS AT THE CUSTOMS OFFICE:

WE DO SELF-DECLARATION WITHOUT PRESENTATION ("ATLASTEILNEHMER")
AT THE CUSTOMS OFFICE WITH OUR AUTHORISATION NUMBER
DE / ZE /

RESPONSIBLE CUSTOMS AGENCY:

COMPANY	
STREETNAME AND NR.	
POSTAL CODE, CITY	
CUSTOMS OFFICE OF DESTINATION	

DECLARATION OF COMMITMENT:

WE OBLIGATE TO PRESENT THE GOODS AT THE CUSTOMS OFFICE OF DESTINATION AND WE ASSUME ALL OF THE PRINCIPAL'S OBLIGATIONS.

CITY, DATE

NAME IN CAPITAL LETTERS

STAMP + SIGNATURE

ATTENTION: CUSTOMS GOODS
CONTACT CUSTOMS OFFICE OF DESTINATION