

Customs clearance order

Importer: _____ VAT Nr.: _____
 Address: _____ Taxable person: YES NO
 Contact person: _____ Tel. Nr.: _____
 E-mail: _____

Procedure: A – regular import of the goods (payable shipments) B – nonpayable import (free of charge)
 C – temporary import D – return of goods
 E – else: _____

Delivery terms: _____ Transport costs: _____

Other costs (loading costs/insurance/other): _____

| DETAILED DESCRIPTION OF THE GOODS | QUANTITY | VALUE | COMMODITY CODE (Tariff nr.) | VAT % |
|-----------------------------------|----------|-------|-----------------------------|-------|
| | | | | |
| | | | | |
| | | | | |

Total value of the goods: _____ Currency: _____

Requested customs benefits on the base of **PREFERENTIAL** origin:

A – added EUR.1, ATR, FORM A

B – declaration of preferential origin on the commercial document: _____

Requested customs exemption (article of Customs Law): _____

Requested VAT exemption or tax reductions (article of Law on VAT): _____

Royalties and licence fees (article 32(1)(c)UCC, article 157 to 162 IUCZS, article 71 (1)(c)UCC, article 136 IU): _____

AUTHORISATION

We the undersigned, hereby authorize the company RCM d.o.o. to act on our behalf in all manners relating to Customs formalities in accordance to the article 18 of the Regulation EU No 952/2013 of the European Parliament and of the Council of 9 October 2013.

A: DIRECT – the customs representative shall act in the name of and on behalf of another person

B: INDIRECT – the customs representative shall act in his or her own name but on behalf of another person

UREDBA (EU)

CUSTOMS WARRANTY**A: warranty of the company RCM d.o.o.****B: warranty of the importer Nr.: Deferral of payment Nr.:**

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C: PAYMENT OF VAT AT IMPORT:

- **We will pay VAT as an import duty**
- **We will declare the VAT on imported goods in the tax return / self-assessment**
(We undertake to declare in the self-assessment tax form the value from the box 47 of the customs declaration)

I, the undersigned, certify that all the statements are true.

Place and date: _____

Stamp and signature of responsible person: _____