



Customs clearance order ZAPP (Hamburg)

I/we authorize WZC Wagenladungs- und Zolldeclarations Comptoir Riemann GmbH & Co. KG to complete the application in the electronic export monitoring system.

1 Please advise the B-/Z-/S-reference to the contact m.b. until:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

(date)

| | | | |
|--|---|--|--|
| | : | | |
|--|---|--|--|

(time)

2 Vessel: _____

Shipping Agent: _____

Port of discharge: _____

Port of transhipment: _____

Container No.: _____

3 Closing for cargo: _____

(date)

| | | | |
|--|---|--|--|
| | : | | |
|--|---|--|--|

(time)

ETS: _____

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

(date)

4 Container-types:

 20'

 HC

 RF

 40'

 FL

 TC

LCL: Please state carriers booking number

 45'

 OT

 LCL

Booking number: _____

5 Terminal / packaging station: _____

6 Notes: _____

7 Attachments:

EAD T1 T2L Other _____

8 Number of pages: _____

9 Advised B-/Z-/S-Number:

I/we undertake to check the customs release. Should no release be granted despite timely registration in ZAPP, we undertake to notify WZC Riemann at the latest 4 hours before closing for cargo. In the event notification is not submitted or submitted late, any claim for damages against the declarant is excluded.

I/we assume all obligations arising from this mandate. Should I/we send copies of the documents then I/we assume full responsibility for the correctness of the information provided. Your claims against me/us expire at the earliest 6 months upon expiration of third party claims (e.g. customs authorities) against you.

I/we am/are aware that WZC Riemann GmbH & Co. KG works exclusively in accordance with the Allgemeine Deutsche Spediteurbedingungen (ADSp), neueste Fassung (latest version of the German Freight Forwarders' Standard Terms and Conditions). Court of jurisdiction in all matters: Hamburg

10 Place: _____ Date: _____

Contact person: _____

Phone: _____

E-Mail / Fax: _____

Customers reference: _____

WZC reference: _____

| | | | |
|---|------------------------------|-----------------------------|--|
| VAT-ID: | | | |
| Reverse Charge: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Company + Place | | | |
| (Company stamp + legally binding signature / digital signature) | | | |
| <input type="checkbox"/> Customs power of attorney has been given -> stamp and signature not required | | | |