



Customs clearance order import declaration

I/we authorize the company WZC Wagenladungs- und Zolldeclarations Comptoir Riemann GmbH & Co. KG to process the following shipment(s):

- | | | | |
|-----------------------------------|---|--|-------|
| 1 Processed for: | free circulation by direct representation | <input type="checkbox"/> other procedures: | _____ |
| 2 Vessel arrival: | _____ | 3 Purchase price: | _____ |
| Vessel name: | _____ | See freight: | _____ |
| Acceptance date: | _____ | Insurance: | _____ |
| Customs office: | _____ | Inland freight charges: | _____ |
| Container terminal/loading point: | _____ | Destination: | _____ |

4 Mark no./Container no.	No. of packages	Customs tariff code	Contained goods <small>(precise description of goods in German or English)</small>	Gross weight <small>(kg)</small>

Should the customs tariff number be missing or incorrect, any claim for damages against the declarant is excluded!

- | | |
|-----------------------------------|---|
| 5 Country of origin: _____ | 6 Declarant and customs value declarant same as buyer in the commercial invoice <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Declarant name: _____ | Declarant and customs value declarant eligible for full input tax deduction <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Declarant EORI no.: _____ | VAT-ID/UST-ID: _____ |
| Recipient name: _____ | Federal revenue office no.: _____ |
| Recipient EORI no.: _____ | |
| Terms of delivery: _____ | |

- 7** Previous customs law document: AT/B/15/

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 Line: _____
- Other _____ Please note additions: _____

- 8** Send clearance certificate to: _____
(Company/name, E-mail or fax number)

- | | |
|--|--|
| 9 Dues paid through: | 10 Attachments: |
| <input type="checkbox"/> AA account <input type="checkbox"/> Customs _____ | <input type="checkbox"/> Invoice <input type="checkbox"/> Packing list <input type="checkbox"/> B/L <input type="checkbox"/> UZ Form A |
| <input type="checkbox"/> AR account <input type="checkbox"/> Import turnover tax _____ | <input type="checkbox"/> Other _____ |

"I/we assume all obligations arising from this mandate. A mandate for the prescribed handling type from the debtor of the import duties, etc. is on hand. We have a power of attorney from the debtor of import dues and other parties involved and it can be submitted to you at any time if necessary. 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 compliance with the latest version of the German Freight Forwarders' Standard Terms and Conditions (Allgemeine Deutsche Spediteurbedingungen (ADSp)). Court of jurisdiction in all matters: Hamburg.

- 11** Place: _____ Date: _____
- Contact: _____
- Phone: _____
- E-mail/Fax: _____
- Customer reference: _____
- WZC reference: _____

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