

ECOWAS / UEMOA		1 DECLARATION		A CUSTOMS OFFICE	
1	2 Exporter/Importer TIN:	IM   4   IMPORT	Office Code: SLFQE Queen Elizabeth II		
		3 Forms   4 Load List XXXXX	Manifest Number: Registration Number: Date:		
		5 Items 1	6 Total Packages	7 Reference Number 2010 /	
	8 Consignee TIN:	9 Person responsible for financial settlement No: XXXXXXXXXXXX			
		10 Country first destin.	11 BL/AWB	12 Value Details 12b	13 CAP
	14 Declarant/Representative TIN:	15 Country of dispatch/export a   b	15 C.disp./exp Code a   b	16 Country of Origin	
		17 Country of destination SIERRA LEONE	17 Code of Country of destination a   SL   b   XX		
	18 Identity & Nationality of transport	19 Cntr	20 Delivery Term Place		
	21 Border/Frontier Transp Mode	22 Currency and total amount Invoiced		23 Exchange Rate	24 Form M/NXP
	25 M.O.Trsp XX	26 Inland M.O.Trsp XX	27 Place L/UL XXX	28.A Financial and Banking Data Terms of Payment: XXX Bank Code:XXXXXXXXXX	
1	29 Office Exit/Entry	30 Loc. of goods	Bank Name: Branch Code: XXXXXXXX Receipt Number & Date		
31 Packages and description of goods	Marks and Numbers:		32 Item No 1	33 Commodity Code	
	Number of Packages:	Type of Packaging:	34 Country Origin Code	35 Gross Mass (Kgs)	36 Preference
	Container No(s):		37 PROCEDURE (CPC)	38 Net Mass (Kgs)	39.Quota
	40 Summary declaration/ Previous document				
44. Additional Info/ Documents produced Certificates and authorizations	44 Add Inform / Docs / Cert & Auth. Control No.:		41 Supplem. Qty a. b.	42 Item Value	43 Freight
	Additional Information/Attached Documents: (IDF No)		A.I. Code		Insurance
			45 RESERVED	46 Customs Value	SLL
47 Calculn. of Taxes	Type	Tax Base	Rate	Amount	MP
	48 Account Number   49 Warehouse   Period in warehouse (days)				
		ACCOUNTING DETAILS			
		Mode of Payment			
		Assesment No. :			
		Receipt No. :			
Item Total:1		Total Declaration:		SLL	0.00
50 Declaration		Total Customs Value (SLL):		0	For Official Use
I/We hereby declare that these particulars are true and correct. Total duty as certified has been paid.					
51. Intended offices of transit ( and contries)	Represented by :		Signature :		
	Declared at:	this day of	(month)	(year)	Proper Officer(Date Stamp/Name/Signature)
52 Guarantee : Not Valid for :				Code	53 Office of Destination(and country)
D. CONTROL BY OFFICE OF DEPARTURE			Stamp:	54 Place and Date:	
Result :					
Seals Affected :Number					
Identity :					
Time Limit (Date) :					
Signature :					

# FOR OFFICIAL USE ONLY

ACTIVITY GRID				
DATE	TIME	ACTION	COMMENTS	INITIALS
<b>DOCUMENT EXAMINATION DETAILS</b>				
Signature..... Date ..... Time .....				
<b>PHYSICAL EXAMINATION DETAILS</b>				
Signature..... Date ..... Time .....				
<b>QUERY AND AMENDMENT DETAILS</b>				
Signature..... Date ..... Time .....				
<b>POST ENTRY ADJUSTMENT DETAILS</b>				
Signature..... Date ..... Time .....				
<b>TRANSIT PROCEDURES</b>				
<b>1<sup>st</sup> Transit Country</b>		<b>Check Points</b>		
OFFICE OF ENTRY	OFFICE OF EXIT	1 <sup>st</sup> Comments	2 <sup>nd</sup> Comments	3 <sup>rd</sup> Comments
Seals intact/affixed to "means of transport/packages  Nos..... Nos..... Nos.....	Seals intact*, satisfied*, Transit operation Completed			
Date, Signature, Stamp		Date, Signature, Stamp	Date, Signature, Stamp	Date, Signature, Stamp
<b>2<sup>nd</sup> Transit Country</b>		<b>Country of Destination</b>		
OFFICE OF ENTRY	OFFICE OF EXIT	OFFICE OF ENTRY	OFFICE OF EXIT	
*Means of Transport/*package Imported with seals intact*/affixed*  Documents Checked  Additional Seals <input type="checkbox"/> <input type="checkbox"/> No      Yes	Means of Transport/packages Exported with seals intact National Transit Requirements Satisfied.	<input type="checkbox"/> Transferred to office of final destination  <input type="checkbox"/> Transit operations completed	Means of transport/Packages Imported with seals intact  Documents checked  Transit operations completed	
Date, Signature, Stamp		Date, Signature, Stamp		Date, Signature, Stamp

\* Delete were inapplicable