

REVERSE OF CUSTOMS DECLARATION

(for official use)

Page of

<p>43. 1st Transit Country</p> <p>OFFICE OF ENTRY: I have verified/sited the packages specified on this declaration and found them to conform to the description, given they are undamaged</p> <p>Seals</p> <table style="width:100%;"> <tr><td style="width:100px;"><input type="text"/></td><td>on means of transport</td></tr> <tr><td><input type="text"/></td><td>on package</td></tr> <tr><td><input type="text"/></td><td>intact</td></tr> <tr><td><input type="text"/></td><td>affixed</td></tr> </table> <p>Date, Signature/ Stamp</p>	<input type="text"/>	on means of transport	<input type="text"/>	on package	<input type="text"/>	intact	<input type="text"/>	affixed	<p>44. 2nd Transit Country</p> <p>OFFICE OF ENTRY: Means of Transport/Packages/Imported with seals intact</p> <p>Documents checked</p> <p>Additional Seals Numbers</p> <table style="width:100%;"> <tr> <td style="width:100px;"><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td align="center">No</td> <td align="center">Yes</td> </tr> </table> <p>Date, Signature/ Stamp</p>	<input type="text"/>	<input type="text"/>	No	Yes
<input type="text"/>	on means of transport												
<input type="text"/>	on package												
<input type="text"/>	intact												
<input type="text"/>	affixed												
<input type="text"/>	<input type="text"/>												
No	Yes												

<p>45. 3rd Transit Country</p> <p>OFFICE OF ENTRY: Means of Transport/Packages/Imported with seals intact</p> <p>Documents Checked</p> <p>Additional Seals Numbers</p> <table style="width:100%;"> <tr> <td style="width:100px;"><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td align="center">No</td> <td align="center">Yes</td> </tr> </table> <p>Date, Signature/ Stamp</p>	<input type="text"/>	<input type="text"/>	No	Yes	<p>46. Country of Destination</p> <p>OFFICE OF ENTRY: <input type="checkbox"/> Transferred to office of final Destination</p> <p><input type="checkbox"/> Transit Operation Completed</p> <p>Date, Signature/ Stamp</p>
<input type="text"/>	<input type="text"/>				
No	Yes				

<p>I/We.....</p> <p>do hereby accept the goods declared on this entry into</p> <p>Bonded warehouse No.</p> <p>At.....</p> <p>Signed</p>	<p>Railway Wagon</p> <p>Aircraft</p> <p>Vessel</p> <p>Vehicle No. as entered</p> <p>..... Packages</p> <p>Satisfied Correct/Shortshipment</p> <p>Date.....</p>
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<p>Warehouse Licencee</p>	<p>Proper Officer</p>
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