

Serial Nr: _____

1. ELIGIBLE BODY/INDIVIDUAL

Designation/Name _____

Street and Nr _____

Postcode, place _____

(Host) Member State _____

2. COMPETENT AUTHORITY RESPONSIBLE FOR STAMPING (name, address and telephone number)**Administration des Douanes et Accises:**

Alcohol products : Centre Douanier Gasperich

Tobacco and energy products: Luxembourg-Accises

Croix de Gasperich L-1350 Luxembourg

Croix de Gasperich L-1350 Luxembourg

B.P. 1122 L-1011 Luxembourg

B.P. 1122 L-1011 Luxembourg

Tel : 2818-4477

Tel : 2818-4466

3. DECLARATION BY THE ELIGIBLE BODY OR INDIVIDUALThe eligible body or individual ⁽¹⁾ hereby declaresa) that the goods set out in box 5 are intended ⁽²⁾☐ For the official use of☐ a foreign diplomatic mission☐ a foreign consular representation☐ a European body to which the Protocol on the privileges and immunities of the European Union applies☐ an international organisation☐ the armed forces of a State being a party to the North Atlantic Treaty (NATO force)☐ the armed forces of the United Kingdom stationed in the island of Cyprus☐ For the personal use of☐ a member of a foreign diplomatic mission☐ a member of a foreign consular representation☐ a staff member of an international organisation_____
(designation of the institution) (see box 4)

b) that the goods and/or services described at box 5 comply with the conditions and limitations applicable to the exemption in the host Member State mentioned in box 1, and

c) that the information above is furnished in good faith.

The eligible body or individual hereby undertakes to pay to the Member State from which the goods were dispatched the excise duty which would be due if the goods did not comply with the conditions of exemption, or if the were not used in the manner intended.

Place, date_____
Name and status of signatory_____
Signature**4. STAMP OF THE BODY (in case of exemption for personal use)**_____
Place, date

Stamp

Name and status of signatory_____
Signature

5. DESCRIPTION OF THE GOODS, FOR WHICH THE EXEMPTION FROM EXCISE DUTY IS REQUESTED

A. Information concerning the authorised warehouse-keeper

(1) Name and address _____

(2) Member State _____

(3) excise number _____

B. Information concerning the goods:

Nr	Detailed description of the goods (or reference to the attached order form)		Quantity or number	Value excluding excise duty		Currency
				Value per unit	Total value	
Total amount						

6. CERTIFICATION BY THE COMPETENT AUTHORITIES OF THE HOST MEMBER STATE

The consignment/supply of goods described in box 5 meets:

☐ totally ☐ up to a quantity of _____ (number) ⁽⁴⁾
the conditions for exemption from excise duty

Place, date _____

Name and status of signatory _____

Signature

Stamp

Place, date _____

Name and status of signatory _____

Signature

Stamp

7. PERMISSION TO DISPENSE WITH THE STAMP UNDER BOX 6 (only in case of exemption for official use)

By letter nr: _____

Dated: _____

Designation of eligible institution: _____

Is by

Competent authority in host Member State: _____

Dispensed from the obligation under box 6 to obtain the stamp

Name and status of signatory _____

Place, date _____

Stamp

Signature _____

(1) Delete as appropriate.

(2) Place a cross in the appropriate box.

(3) Delete space not used. This obligation also applies if order forms are attached.

(4) Goods and/or services not eligible should be deleted in box 5 or on the attached form.