

THIS SET OF FORMS IS PRINTED ON NCR PAPER. IF COMPLETING BY HAND, WRITE IN BLOCK LETTERS, USING A BALLPOINT PEN AND APPLY MAXIMUM PRESSURE WITH THE SET RESTING ON A FIRM SURFACE.

EUROPEAN COMMUNITY APPLICATION FOR REPAYMENT/REMISSION (\*)

|  |  |   |                                     |               |
|--|--|---|-------------------------------------|---------------|
| <b>1</b><br>ORIGINAL FOR THE CUSTOMS AUTHORITIES<br><b>1</b>   | 1. Importer name and address                 |   | 2. Representative name and address  |               |
|  | VAT registration number:                     |   | VAT registration number:            |               |
|  | 3. EPU name, entry number and date           |   | 4. New Customs regime (CPC), if any |               |
|  | 5. Description of the goods, number and type |   | 6. CN code                          |               |
|  | Location of the goods:                       |   | 7. Net quantity                     |               |
|  |  |   | 8. Customs value                    |               |
|  | 9. Basis of claim, with supporting evidence  |   |                                     |               |
|  | 10. Repayment/remission details              |   |                                     |               |
|  |  | Amount paid   | Amount due                          | Total claimed |
| Duty   |  |   |                                     |               |
| VAT  |  |   |                                     |               |
| Other  |  |   |                                     |               |
| Totals   |  |   |                                     |               |
| 11. Person to be repaid (1): <b>Importer</b> <input type="checkbox"/> <b>Representative</b> <input type="checkbox"/>       |  |   |                                     |               |
| 12. Application is made for repayment of import duty under the following Article of the Code (1):                          |  | 13. Acknowledgement of receipt of application by HM Customs & Excise.   |                                     |               |
| 236 <input type="checkbox"/> 237 <input type="checkbox"/> 239 <input type="checkbox"/>                                     |  | Place and date:   |                                     |               |
| The undersigned hereby declares that the information contained in this form and supporting documents is true and complete. |  | Signature:  |                                     |               |
| Name (BLOCK LETTERS):  |  | Stamp:  |                                     |               |
| Signature:   |  | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |                                     |               |
| Place:   |  |   |                                     |               |
| Date:  |  |   |                                     |               |
| Status: <b>Importer</b> <input type="checkbox"/> <b>Representative</b> <input type="checkbox"/>                            |  | Local Reference Number: .....   |                                     |               |
| 14. Authorisation of claim.  |  |   |                                     |               |
| Claim authorised/rejected (2).   |  | Authorising officer signature: .....                                    |                                     |               |
|  |  | Countersigning officer signature: .....                                 |                                     |               |
|  |  | Date: .....   |                                     |               |

(\*) READ THE NOTES ON THE BACK OF THE COPY BEFORE COMPLETING THE FORM.  
(1) Tick the appropriate box.  
(2) Delete as appropriate.

**WARNING: THERE ARE HEAVY PENALTIES FOR MAKING FALSE DECLARATIONS**

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EUROPEAN COMMUNITY APPLICATION FOR REPAYMENT/REMISSION (\*)

|   |  |  |                                     |  |
|---|--|--|-------------------------------------|--|
| <b>2</b>  | 1. Importer name and address                 |  | 2. Representative name and address  |  |
|   | VAT registration number:                     |  | VAT registration number:            |  |
|   | 3. EPU name, entry number and date           |  | 4. New Customs regime (CPC), if any |  |
|   | 5. Description of the goods, number and type |  | 6. CN code                          |  |
|   |  |  | 7. Net quantity                     |  |
|   | Location of the goods:                       |  | 8. Customs value                    |  |
|   | 9. Basis of claim, with supporting evidence  |  |                                     |  |
|   | <b>2</b>                                     |  |                                     |  |
|   | 10. Repayment/remission details              |  |                                     |  |
|   | Amount paid                                  | Amount due   | Total claimed                       |  |
| Duty  |  |  |                                     |  |
| VAT   |  |  |                                     |  |
| Other   |  |  |                                     |  |
| Totals  |  |  |                                     |  |
| 11. Person to be repaid (1):                      Importer <input type="checkbox"/> Representative <input type="checkbox"/> |  |  |                                     |  |
| 12. Application is made for repayment of import duty under the following Article of the Code (1):                           |  | 13. Acknowledgement of receipt of application by HM Customs & Excise.                    |                                     |  |
| 236 <input type="checkbox"/> 237 <input type="checkbox"/> 239 <input type="checkbox"/>                                      |  | Place and date:  |                                     |  |
| The undersigned hereby declares that the information contained in this form and supporting documents is true and complete.  |  | Signature:   |                                     |  |
| Name (BLOCK LETTERS):   |  | Stamp:   |                                     |  |
| Signature:  |  | <div style="border: 1px solid black; width: 150px; height: 80px; margin: 0 auto;"></div> |                                     |  |
| Place:  |  |  |                                     |  |
| Date:   |  |  |                                     |  |
| Status:    Importer <input type="checkbox"/> Representative <input type="checkbox"/>  |  | Local Reference Number: .....  |                                     |  |
| 14. Authorisation of claim.   |  |  |                                     |  |
| Claim authorised/rejected (2).  |  | Authorising officer signature: .....   |                                     |  |
|   |  | Countersigning officer signature: .....  |                                     |  |
|   |  | Date: .....  |                                     |  |

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## NOTES

### A. General note

The part of the form constituting the application (boxes 1 to 12) shall be filled in by the applicant so that it is legible and indelible, preferably using a typewriter. It shall not contain any erasures or overwritten words. Correction should be made by crossing out the wrong words and adding further particulars, as necessary. Corrections must be initialled by the applicant and endorsed by the customs authority.

### B. Special notes relating to the relevant box numbers

1. Give the name, VAT registration number and full address, including the postal code if any, of the importer.
2. Give the name, VAT registration number and full address, including the postal code if any, of the representative.
3. Give particulars of the EPU entry number and date of the customs declaration to which the application for repayment/remission is related.
4. Except in the cases referred to in Article 236 of the Code, give the customs approved use or treatment to which the applicant wishes to assign the goods. Where the new customs treatment is subject to authorisation, give particulars of such authorisation.
5. Give the usual trade description of the goods or their tariff description. The description must correspond to that used in the customs declaration referred to in box 3. State the number, kind, marks and identification numbers of packages. In the case of unpackaged goods, state the number of objects or indicate "in bulk". State the present location of the goods.
6. Give the Combined Nomenclature code.
7. The original quantity must be expressed in units of the metric system: kilogrammes, litres, square metres etc.
8. Indicate the original customs value of the goods.
9. State the reasons for the claim and supply supporting evidence. The processing of your claim may be delayed if the basis of the claim is unclear. If a belated claim to Tariff Quota is being made, note in red at the top right hand corner 'QUOTA'.
10. Give details of the claim amount and show any calculations on a separate working sheet.
11. Indicate to whom the claim amount should be paid by ticking the appropriate box.
12. List of circumstances which may give rise to repayment/remission.
  - Article 236: No customs debt/amount fixed at a level higher than that lawfully due.
  - Article 237: Goods entered in error for a customs procedure inviting the obligation to pay duties.
  - Article 239: Special situations resulting from circumstances in which no deception or obvious negligence may be attributed to the person concerned.

The Article of the Code under which the claim is made and the status of the applicant should be indicated by ticking the appropriate box.

### C. Customs and Excise Charter Standards

We aim to repay any overpaid duty within 30 working days of receiving a valid claim. If it takes longer, we will write to explain the delay.