

# Import Privileges Declaration <sup>1</sup>

Control stamp FMeiA (Federal Ministry for European and International Affairs)

Last name and first name of applicant \*<sup>2</sup>

Department (division, office, organization) \*<sup>3</sup>

Phone number <sup>4</sup>

hereby confirm that the goods listed below <sup>5</sup>

Quantity * <sup>6</sup>	Goods description * <sup>7</sup>	Value * <sup>8</sup>	Reference number <sup>9</sup>

hereby confirm that the goods listed in the enclosed itemised lists <sup>9a</sup>

Date DD.MM.YYYY	Type of itemised list (e.g. delivery note, invoice)	No. of pages	Reference number

hereby confirm that the vehicle <sup>10</sup>

Manufacturer	Type/model
Year of manufacture	ID number (e.g. VID, chassis no.) <sup>11</sup>

are intended for/is for use as <sup>12</sup>

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<input type="checkbox"/> office use or consumption of the declaring entity or body <sup>13</sup>
Last name and first name of contact person <sup>14</sup>

<input type="checkbox"/> personal use or consumption by <sup>15</sup>	
Last name and first name	
ID card number <sup>16</sup>	Commenced work on (DD.MM.YYYY) <sup>16</sup>
As family member of (last and first name of primary entitled person[s]) <sup>15</sup>	
Within scope of exemption for <sup>17</sup>	
<input type="checkbox"/> Emigration goods (furniture, personal belongings, etc.) <sup>18</sup>	
<input type="checkbox"/> Necessary supplement(s) needed after emigration (insofar as applicable) <sup>19</sup>	

<input type="checkbox"/> for sale in commissary (insofar as applicable) <sup>20</sup>
<input type="checkbox"/> other purposes <sup>21</sup>

Notes <sup>25</sup>

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The confirmed declaration and any possible decision may be sent directly to <sup>22</sup>

Name
Address
Fax No.

I declare that the information provided by me is **correct** and **complete** and has been made to the best of my knowledge.

I am aware of the fact that the information shall be verified and that incorrect or incomplete information may result in the subsequent levying of the uncollected import fees and taxes as well as criminal proceedings due to tax evasion. If I should subsequently realise that the declaration at hand is incorrect or incomplete, I shall immediately comply with the mandatory information duty as defined by § 139 Federal Fiscal Code.

Applicant signature

Location, date

Any other required signatures <sup>24</sup>

Last and first name	Function
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Signature

Location, date

Last and first name	Function
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Signature

Location, date