

are intended for/is for use as ¹²

Control stamp FMeiA

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

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

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

Notes ²⁵

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The confirmed declaration and any possible decision may be sent directly to ²²

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 ²⁴

Last and first name	Function
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Signature

Location, date

Last and first name	Function
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Signature

Location, date