

EUROPEAN COMMUNITY

APPLICATION FOR BINDING TARIFF INFORMATION (BTI)

<p>1. Applicant (full name and address)</p> <p><input type="checkbox"/></p> <p>Telephone Number : Fax Number : Customs ID :</p>	<p>For Official use</p> <p>Registration Number : Place of Receipt : Date of Receipt : Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> BTI Application Language : Images to be scanned : Yes <input type="checkbox"/> # ... No <input type="checkbox"/> Date of Issue : Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Issuing Officer : All Samples returned : <input type="checkbox"/></p>
<p>2. Holder (full name and address) (Confidential)</p> <p>Telephone Number : Fax Number : Customs ID :</p>	<p>Important note By signing the declaration, the applicant accepts responsibility for the accuracy and completeness of the particulars given on this form and on any continuation sheet(s) lodged with it. The applicant accepts that this information and any photograph(s), sketch(es), brochure(s) etc. can be stored on a database of the European Commission and that the data, including any photograph(s), sketch(es), brochure(s) etc., submitted with the application or obtained (or obtainable) by the administration, and which have not been marked in boxes 2 and 9 of the application as being confidential can be disclosed to the public via the Internet.</p>
<p>3. Agent or Representative (full name and address)</p> <p>Telephone Number : Fax Number : Customs ID :</p>	<p>4. Reissue of a BTI If you are applying for the reissue of a BTI, please complete this box. BTI Reference Number : Valid from : Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Nomenclature Code :</p>
<p>5. Customs Nomenclature Please indicate in which nomenclature the goods are to be classified :</p> <p><input type="checkbox"/> Harmonized System (HS) <input type="checkbox"/> Combined Nomenclature (CN) <input type="checkbox"/> TARIC <input type="checkbox"/> Refund nomenclature <input type="checkbox"/> Other (Specify) :</p>	<p>6. Type of Transaction Does this application relate to an import or export actually envisaged ? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Classification Envisaged Please indicate where, in your view, the goods are classified. Nomenclature Code :</p>
<p>8. Description of the Goods. Include, where necessary, the precise composition of the goods, the method of analysis used, the type of manufacturing process undergone, the value (including the components), the use of the goods, the usual trade name and, where appropriate, the packaging for retail sale in the case of sets of goods (<i>Please use a separate sheet, if more space is required</i>).</p>	

9. Commercial denomination and additional information*

(Confidential)

Please indicate which of the information, provided in accordance with box 10 of this application or obtained (or obtainable) by the administration is to be treated as confidential:

10. Samples etc.

Please indicate which, if any, of the following are enclosed with your application.

Description Brochures Photographs Samples Other

Do you wish your samples to be returned? Yes No

Special costs incurred by the Customs authorities as a result of analysis, expert reports or the return of samples, may be charged to the applicant.

11. Other BTI Applications* and other BTIs held*

Please indicate if you have applied for, or been issued with, BTIs for identical or similar goods, at other Customs offices or in other Member States.

Yes No If yes, please give details and enclose a photocopy of the BTI :

Country of Application :

Place of Application :

Date of Application : Year Month Day

BTI Reference :

Date of Start of Validity : Year Month Day

Nomenclature Code :

Country of Application :

Place of Application :

Date of Application : Year Month Day

BTI Reference :

Date of Start of Validity : Year Month Day

Nomenclature Code :

12. BTIs issued to other Holders*

Please indicate if you are aware of BTIs for identical or similar products, already issued to other holders.

Yes No If yes, please give details:

Issuing Country :

BTI Reference :

Date of Start of Validity : Year Month Day

Nomenclature Code :

Issuing Country :

BTI Reference :

Date of Start of Validity : Year Month Day

Nomenclature Code :

13. Date and Signature

Your reference :

Date : Year Month Day

Signature :

For Official Use

* Please use a separate sheet of paper, if more space is required.