

EUROPEAN UNION		DECLARATION TYPE		MRN		
TRANSIT ACCOMPANYING DOCUMENT	Consignor [13 02] ID		Type [11 01]	Add.type [11 02]		
	Contact person [13 02 074]		Forms	SCI [11 04]		
	Consignee [13 03] ID		001			
	Holder of the transit procedure [13 07] ID		Total items	Total packages	Total gross mass (kg)	Security [11 07]
	Contact person [13 07 074]		LRN [12 09]		UCR [12 08]	YIR [12 06]
	Representative [13 06] ID		BCP <input type="checkbox"/> Return copy has to be sent to the office:			
	Contact person [13 06 074]					
	Carrier [13 12] ID		Place of loading [16 13]		Location of goods [16 15]	
	Contact person [13 12 074]		Place of unloading [16 14]		Contact person [16 15 074]	
	Additional supply chain actor [13 14] ID		Mode of transport at the border [19 03]			
	Departure transport means [19 05]		Inland mode of transport [19 04]			
	Active border transport means [19 08]					
	Conveyance reference number [19 02]					
	Transport equipment [19 07]		Container [19 01] <input type="checkbox"/>	Seal [19 10]		
	Previous document [12 01]		Transport document [12 05]			
Supporting document [12 03]		Additional reference [12 04]				
		Additional information [12 02]		Transport charges [14 02]		
Guarantee [99 02 - 99 03 - 99 04]		Authorisation [12 12]		Reduced dataset[11 08] <input type="checkbox"/>		
Guarantee not valid in						
INCIDENTS DURING TRANSPORT (BCP)	CUSTOMS OFFICE OF INCIDENT REGISTRATION		Incident code	CUSTOMS OFFICE OF INCIDENT REGISTRATION		
	Identity and Nationality new transport means			Identity and Nationality new transport means		
	Container ID [19 07]			Container ID [19 07]		
	Other incidents during carriage / Details and measures taken (text)			Other incidents during carriage / Details and measures taken (text)		
CERTIFICATION BY COMPETENT AUTHORITIES	New seals: Number: ID		New seals: Number: ID			
	Signature: Stamp:		Signature: Stamp:			
<input type="checkbox"/> Data already recorded into the system		<input type="checkbox"/> Data already recorded into the system				
Country of routing of consignment [16 12]		Prescribed itinerary [16 17] <input type="checkbox"/>				
CUSTOMS OFFICE OF TRANSIT [17 04]		CUSTOMS OFFICE OF EXIT FOR TRANSIT [17 06]				
CUSTOMS OFFICE OF DEPARTURE [17 03]		CUSTOMS OFFICE OF DESTINATION [17 05]				
Country of dispatch [16 06]		Country of destination [16 03]				
CONTROL BY OFFICE OF DEPARTURE		CONTROL BY OFFICE OF DESTINATION				
Result:		Date of arrival:		Return copy sent on		
Seals affixed: Number:		Examination of seals:		after registration under ID		
Identity:		Remarks:		Signature: Stamp:		
Limit date [15 11]:						