

<b>Serial No (optional):</b>	
<b>1. ELIGIBLE BODY/INDIVIDUAL</b>	
Designation/name  Street and No  Postcode, place  (Host) Member State	
<b>2. COMPETENT AUTHORITY RESPONSIBLE FOR STAMPING (name, address and telephone number)</b>	
<b>3. DECLARATION BY THE ELIGIBLE BODY OR INDIVIDUAL</b>	
The eligible body or individual <sup>(1)</sup> hereby declares  (a) that the goods and/or services set out in box 5 are intended <sup>(2)</sup>	
<div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> For the official use of</span> <span><input type="checkbox"/> For the personal use of</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> foreign diplomatic mission   <input type="checkbox"/> foreign consular representation   <input type="checkbox"/> a European body to which the Protocol on the privileges and immunities of the European Union applies   <input type="checkbox"/> an international organisation   <input checked="" type="checkbox"/> the armed forces of a State being a party to the North Atlantic Treaty (NATO force)   <input type="checkbox"/> the armed forces of the United Kingdom stationed in the island of Cyprus       </div> <div style="width: 48%;"> <input type="checkbox"/> a member of a foreign diplomatic mission   <input type="checkbox"/> a member of a foreign consular representation      <input type="checkbox"/> a staff member of an international organisation       </div> </div> <div style="text-align: right; margin-top: 10px;">       _____        (designation of the institution) (see box 4)     </div> <p style="margin-top: 20px;">(b) that the goods and/or services described at box 5 comply with the conditions and limitations applicable to the exemption in the host Member State mentioned in box 1, and</p> <p>(c) that the information above is furnished in good faith.</p> <p>The eligible body or individual hereby undertakes to pay to the Member State from which the goods were dispatched or from which the goods and/or services were supplied, the VAT and/ or excise duty which would be due if the goods and/or services did not comply with the conditions of exemption, or if the goods and/or services were not used in the manner intended.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">         _____          Name and status of signatory       </div> <div style="width: 45%;">         _____          Signature       </div> </div> <p style="margin-top: 10px;">Place, date</p>	
<b>4. STAMP OF THE BODY (in case of exemption for personal use)</b>	
Place, date  _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">         _____          Stamp       </div> <div style="width: 45%;">         _____          Signature       </div> </div>

**5. DESCRIPTION OF THE GOODS AND/OR SERVICES, FOR WHICH THE EXEMPTION FROM VAT AND/OR EXCISE DUTY IS REQUESTED**

A. Information concerning the supplier/authorised warehousekeeper

(1) Name and address:

(2) Member State

(3) VAT/excise number or tax reference number

B. Information concerning the goods and/or services:

No	Detailed description of the goods and/or services <sup>(3)</sup> (or reference to the attached order form)	Quantity or number	Value excluding VAT and excise duty		Currency
			Value per unit	Total value	
Total amount					

**6. CERTIFICATION BY THE COMPETENT AUTHORITIES OF THE HOST MEMBER STATE**

The consignment/supply of goods and/or services described in box 5 meets:

☐ totally☐ up to a quantity of(number)<sup>(4)</sup>

the conditions for exemption from VAT and/or excise duty

Name and status of signatory

Place, date

Stamp

Signature

**7. PERMISSION TO DISPENSE WITH THE STAMP UNDER BOX 6 (only in case of exemption for official use)**

By letter No:

Dated:

Designation of eligible institution:

Is by

Competent authority in host Member State:

Dispensed from the obligation under box 6 to obtain the stamp

Name and status of signatory

Place, date

Stamp

Signature

(\*) Delete as appropriate.

(1) Delete as appropriate.

(2) Place a cross in the appropriate box.

(3) Delete space not used. This obligation also applies if order forms are attached.

(4) Goods and/or services not eligible should be deleted in box 5 or on the attached order form.