

Serial No (optional)

1. ELIGIBLE BODY/INDIVIDUAL

Designation/Name:

Street and No:

Postcode, place:

(Host) Member State:

2. COMPETENT AUTHORITY RESPONSIBLE FOR STAMPING (name, address and telephone number)

3. DECLARATION BY THE ELIGIBLE BODY OR INDIVIDUAL

The eligible body or individual¹, hereby declares

a) that the goods and/or services set out in box 5 are intended²

| | |
|---|--|
| <p>for the official use of</p> <p>foreign diplomatic mission</p> <p>foreign consular representation</p> <p>a European body to which the Protocol on the privileges and immunities of the European Union applies</p> <p>an international organisation</p> <p><input type="checkbox"/> the armed forces of a State being a party to the North Atlantic Treaty (NATO force)</p> <p>the armed forces of a Member State taking part in a Union activity under the common security and defence policy (CSDP)</p> <p>the armed forces of the United Kingdom stationed in the island of Cyprus</p> <p>for the use of the European Commission or any agency or body established under Union law, where the Commission or that agency or body executes its tasks in response to the COVID-19 pandemic</p> | <p>for the personal use of</p> <p>a member of a foreign diplomatic mission</p> <p>a member of a foreign consular Representation</p> <p>a staff member of an international organisation</p> |
|---|--|

(designation of the institution) (see box 4)

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

c) that the information above is furnished in good faith.

The eligible body or individual hereby undertakes to pay 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>_____</p> <p>Place, date</p> | <p>_____</p> <p>Name and status of signatory</p> |
| | <p>_____</p> <p>Signature</p> |

4. STAMP OF THE BODY (in case of exemption for personal use)

| | |
|---------------------------------|--|
| <p>_____</p> <p>Place, date</p> | <p>_____</p> <p>Name and status of signatory</p> |
| <p>stamp</p> | <p>_____</p> <p>Signature</p> |

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 warehouse keeper

- 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 ⁽³⁾ (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 the conditions for exemption from VAT and/or excise duty:

- totally up to a quantity of⁴
(number)

_____ Place, date

stamp

_____ Name and status of signatory

_____ Signature

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

By letter No dated

..... is by
(designation of eligible institution)

..... dispensed from the obligation under box 6 to obtain the stamp.
(competent authority in host Member State)

_____ Place, date

stamp

_____ Name and status of signatory

_____ 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.