



ORDERFORM NCTS DECLARATION
SIMPLIFIED ARRANGEMENT

Principal _____
Telephone number _____
Contact person _____
Reference nr. principal _____ Date _____

Details destination _____
Name receiver _____
Name contact person _____
Address + zip code _____
City _____ Country _____
Telephone number _____
NCTS office of destination _____

Country of origin _____
Country of destination _____
Transport by _____ Transport date _____
Container number(s) _____
Seal number(s) _____
Description of goods _____
HS code _____
Number and sort of packages _____
Gross weight _____
Net weight _____
Value of goods _____ *

** Commercial invoice obliged*

Previous customs declaration _____ Art. _____
Name incoming conveyance _____
ETA _____
Location of goods _____

Submit document to port base? _____
When YES, please add booking reference _____

Send document to following email address _____