

FUDO							sels leaving the Union		
EUROF	PEAN UNION Border control post/Co	metent authority	C	or to NAT	O or United States Certificate refer				
1.1	Dorder control position	superent autionity		1.2					
				I.2.a	IMSOC reference	ce number			
	TRACES reference nu	mber							
12	Consignor			I.4	Onerator respo	nsible for the co	nsignment		
I.3	Consignor Name			1.4	Operator responsible for the consignment Name				
	manie			Tunio					
	Address				Address				
	Registration/Approval No.								
	~ 11								
	Country	ISO country code			Country	ISO country	code		
1.5	Place of destination (vessel)			I.6	Place of destination (NATO/United States' military base)				
						Name of NATO/United States' military base			
	Vessel name						-		
					NATO/United S	states' military ba	TDACES		
					reference number		ISC TRACES		
	Vessel IMO number								
					Address				
	Port								
	Country	ISO country code			Country	ISO co	ountry code		
	5	5							
					BCP of exit				
I.7	Means of transport	Identification number	er(s)	Conta	Container No Seal No				
	-								
I.8	Description of goods								
	CN code	Product type	Coun	try of	Number of	Net weight	Reference of		
	Civeoue	i iouuci type	orig		packages	(kg)	CHED of origin		
C .,	pporting document:				1	ı – – – – – – – – – – – – – – – – – – –			
50	pporting document.								

1.9	Total number of packages			I.10	Total net weight (kg)					
I.11	Date of departure									
II.1	Declaration:									
	I, the undersigned certifying officer confirm that the products described above are authorised to be dispatched to the vessel leaving the Union									
II.2	Name (in capital letters)		Qualification and title Competent authority/BCP TRACES registration No							
	Competent authority/BCP									
	Date S	Stamp	Signature							
III.1 Confirmation of the arrival and compliance of the consignment										
	I confirm delivery of the consign		on board the vessel specified in Box I.5							
	Compliance of consignment	Yes No								
III.2	Official representative of the master of vessel									
	Name (in capital letters)		Position							
	Competent auhtority		Competent authority TRACES registration No							
	Place									
	Date S	Stamp	Signature							

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