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| --- |
| **Company letterhead****(MUST include the company’s name AND address)** |

**120 HOUR TRANSHIP/TRANSIT DECLARATION via sea**

**Consignment identifiers/numerical links**

Vessel name: ………………………………………..…………………………………………………...

Voyage number: …………………………………………………………………………..…….……….

Container number (if applicable): …………………………………………………….………………..

Treatment certificate number and AEI (if applicable)…………..…………………………………….

Bill of lading: ………………………………………………………………………………………….….

Goods description and quantity:………………………………………………………........................

House bill…………………………………………………………………………………………….…...

|  |  |  |  |
| --- | --- | --- | --- |
| **Country Origin of goods** | **Risk Country/Port****Date/Time of arrival****(DD/MM/YY)** | **Risk Country/Port****Date/Time of departure (DD/MM/YY)** | **Date/time shipped on****board vessel (if applicable) (DD/MM/YY)** |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Company representative signature: ............................................................

Printed name: ...............................................................

Company stamp

Company position: ………………………………………..

Date: ..........................................

 (DD/MM/YYYY)