

Application for exceptional permit

- New application
- Amendment application Decision reference number _____

Applicant / Holder of authorisation or decision

First name and surname _____

Street address _____

Postal code _____

Town/city _____

Country _____

Representative's name

First name and surname _____

Street address _____

Postal code _____

Town/city _____

Country _____

Contact person responsible for the application

First name and surname _____

Email address _____

Telephone number _____

Grounds for application

- The goods have been in the possession of and used by the person moving for less than 6 months outside the EU.
- The normal place of residence of the person moving has been outside the EU for a continuous period of less than 12 months prior to moving to the EU.
- It has been more than 12 months since the move to the EU.
- Other grounds, please specify:

Grounds for exceptional permit

Goods exempt from customs duty

Goods description _____

Country of dispatch _____

Quantity _____

Unit of measurement _____

Value _____

Currency _____

More information _____

Number of attachments _____ pcs

Attachments and additional information

_____**Signature**

Place and date _____

Signature and name in capital letters _____