Form REPORT - PN

# REPORT – SPECIAL SUPERVISION

(Read the instructions before filling out the form.)

| 1. REPORTING PERSON | | | |
|---|---|---|---|
| Name: | | Tax ID number: | |
| Address: | | Country: | |
| Contact person: | Email: | Phone number: | |

**2. REPORT OF PRODUCTION, PROCESSING AND STORAGE**

| First report: | ☐ | Change of report: | ☐ | Date of the report (start of the activity) or change of performance of the activity: | |
|---|---|---|---|---|---|
| Name: | | | | Address: | |
| Location of the activity: | | | | Tax ID number: | |

| Product group | PRODUCTION | PROCESSING | STORAGE |
|---|---|---|---|
| Products from point 1 of paragraph 1 of Article 101. ZTro-1 | ☐ | ☐ | ☐ |
| Machines and parts of tariff code 8478 | ☐ | ☐ | ☐ |
| Electronic cigarettes | ☐ | ⨉ | ☐ |
| Heating tobacco | ⨉ | ⨉ | ☐ |

| Product description | Tariff code |
|---|---|
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**3. MOVEMENT REPORT**

| | Name: | Address: | Country: | Tax ID number: |
|---|---|---|---|---|
| Carrier: | | | | |
| Consignor: | | | | |
| Consignee: | | | | |

| Dispatch location: | |
|---|---|
| Delivery / unloading location: | |

| Date and time of the dispatch: | | Date of delivery / unloading: | |
|---|---|---|---|
| License plate/trailer: | | CMR number: | |

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| Product group[1] | Trade name | Tariff code / EAN code [2] | Quantity | Unit of measure | Type of cargo |
|---|---|---|---|---|---|
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| Remarks: | | | | | |

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[1] Enter the corresponding number of the product group: 1. Products from point 1. paragraph 1 of Article 101. ZTro-1, 2. Machines and parts from tariff code 8478, 3. Electronic cigarettes, 4. Tobacco for heating and 5. Unprocessed tobacco.

[2] The EAN code is entered only in the case of the electronic cigarette and heating tobacco product group.