

(Read the instructions before completing the form.)

Tax number:		Registration number:	
Name:			
Registered office / address:			
Tax period:			

PRODUCER	<input type="checkbox"/>	TEMPORARILY REGISTERED CONSIGNEE		<input type="checkbox"/>
REGISTERED CONSIGNEE	<input type="checkbox"/>	REGISTERED CONSIGNOR		<input type="checkbox"/>
SMALL SPIRIT PRODUCER	<input type="checkbox"/>	HOLDER OF A DUTY-FREE SHOP PERMIT		<input type="checkbox"/>
SMALL WINE PRODUCER	<input type="checkbox"/>	AUTHORISED EXCISE WAREHOUSEKEEPER	WHO MEETS THE CONDITIONS FOR A SMALL PRODUCER	<input type="checkbox"/>
CERTIFIED CONSIGNEE	<input type="checkbox"/>			
TEMPORARILY CERTIFIED CONSIGNEE	<input type="checkbox"/>		WHO DOES NOT MEET THE CONDITIONS FOR A SMALL PRODUCER	<input type="checkbox"/>

OTHER EXCISE DUTY PAYERS	<input type="checkbox"/>	DISTANCE SELLING	<input type="checkbox"/>
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[illegible]

Other information	
Excise number of the temporarily authorized consignee:	
Excise number of the temporarily certified consignee:	
ARC / LRN reference number:	
Date of receipt of excise goods:	
<i>Place and date:</i>	I hereby confirm the accuracy of the stated information. Signature of the excise duty taxpayer or responsible person

OFFICIAL RECORD – completed by the tax authority	
Office:	
Excise Duty Department:	
Date of submission:	
Date of confirmation:	
Reference number:	
Official person:	