

▼ **C1**

ANNEX 4

EUROPEAN UNION	APPLICATION FOR BINDING TARIFF INFORMATION (BTI) DECISION
<p>1. Applicant (mandatory)</p> <p>Name: (confidential)</p> <p>Street and number:</p> <p>Country: <input type="text"/></p> <p>Postcode: <input type="text"/></p> <p>City:</p> <p>Applicant identification:</p> <p>EORI No: <input type="text"/></p>	<p>For official use</p> <p>Registration Number: <input type="text"/></p> <p>National reference number (if any):</p> <p>Place of receipt:</p> <p>Date of receipt:</p> <p>Year <input type="text"/> Month <input type="text"/> Day <input type="text"/></p> <p>Status of the application: <input type="text"/></p>
<p>2. Place where main accounts for customs purposes are held or accessible</p> <p>▶⁽¹⁾ (if different from the country above) (confidential) ◀</p> <p>Street and number:</p> <p>Country: <input type="text"/></p> <p>Postcode: <input type="text"/></p> <p>City:</p>	<p>6. Type of transaction (mandatory)</p> <p>Please indicate whether you intend to use the BTI decision resulting from this application for one of the following customs procedures:</p> <p>Release for free circulation Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Special procedures Yes <input type="checkbox"/> No <input type="checkbox"/> (Specify)</p> <p>Export Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Customs representative (if any)</p> <p>Name:</p> <p>Street and number:</p> <p>Country: <input type="text"/></p> <p>Postcode: <input type="text"/></p> <p>City:</p> <p>Representative identification:</p> <p>EORI No: <input type="text"/></p>	<p>7. Customs Nomenclature (mandatory)</p> <p>Please indicate in which nomenclature the goods are to be classified:</p> <p><input type="checkbox"/> Combined Nomenclature (CN)</p> <p><input type="checkbox"/> TARIC</p> <p><input type="checkbox"/> Refund nomenclature</p> <p><input type="checkbox"/> Other (Specify):</p>
<p>4. Contact person responsible for the application</p> <p>▶⁽²⁾ (mandatory) (confidential) ◀</p> <p>Name:</p> <p>Telephone Number:</p> <p>Fax Number:</p> <p>E-mail address:</p> <p>5. Reissue of a BTI decision (mandatory)</p> <p>Indicate whether the application concerns the reissue of a BTI decision.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide the relevant details.</p> <p>BTI Decision Reference number:</p> <p>Valid from:</p> <p>Year <input type="text"/> Month <input type="text"/> Day <input type="text"/></p> <p>Commodity Code:</p>	<p>8. Commodity code</p> <p>Indicate the customs nomenclature code under which the applicant expects the goods to be classified.</p> <p><input type="text"/></p>
<p>9. Description of goods (mandatory)</p> <p>▶⁽³⁾ Detailed description of the goods permitting their identification and the determination of their classification in the customs nomenclature. This should also include details of the composition of the goods and any methods of examination used for its determination where the classification depends on it. Any details which the applicant considers to be confidential should be entered in 10. Commercial denomination and additional information. ◀</p>	

▶ (1) (2) (3) **C2**

▼ C1

<p>10. Commercial denomination and additional information (*) (confidential)</p> <p>Indicate any particulars which the applicant wishes to be treated as confidential, including the trademark and model number of the goods.</p>																	
<p>11. Samples etc.</p> <p>Indicate whether any samples, photographs, brochures or other documents available which may assist the customs authorities in determining the correct classification of the customs nomenclature, are attached as annexes.</p> <p>Samples <input type="checkbox"/> Photographs <input type="checkbox"/> Brochures <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Do you wish your samples to be returned?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Special costs incurred by the Customs authorities as a result of analysis, expert reports or the return of samples, may be charged to the applicant.</p>																	
<p>►⁽⁴⁾ 12. Other BTI Applications and other BTI held (mandatory) ◀</p> <p>Please indicate if you have applied for, or been issued with, BTIs for identical or similar goods at other Customs offices or in other Member States.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p> <table border="0"> <tr> <td>Country of Application: <input type="checkbox"/><input type="checkbox"/></td> <td>Country of Application: <input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>Place of Application:</td> <td>Place of Application:</td> </tr> <tr> <td>Date of Application:</td> <td>Date of Application:</td> </tr> <tr> <td>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Month <input type="checkbox"/><input type="checkbox"/> Day <input type="checkbox"/><input type="checkbox"/></td> <td>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Month <input type="checkbox"/><input type="checkbox"/> Day <input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>BTI Decision Reference number:</td> <td>BTI Decision Reference Number:</td> </tr> <tr> <td>Start date of the decision:</td> <td>Start date of the decision:</td> </tr> <tr> <td>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Month <input type="checkbox"/><input type="checkbox"/> Day <input type="checkbox"/><input type="checkbox"/></td> <td>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Month <input type="checkbox"/><input type="checkbox"/> Day <input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>Commodity Code:</td> <td>Commodity Code:</td> </tr> </table>		Country of Application: <input type="checkbox"/> <input type="checkbox"/>	Country of Application: <input type="checkbox"/> <input type="checkbox"/>	Place of Application:	Place of Application:	Date of Application:	Date of Application:	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/>	BTI Decision Reference number:	BTI Decision Reference Number:	Start date of the decision:	Start date of the decision:	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/>	Commodity Code:	Commodity Code:
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<p>13. BTI decisions issued to other Holders (mandatory)</p> <p>►⁽⁴⁾ Please indicate if you are aware of BTIs for identical or similar goods already issued to other holders. ◀</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p> <table border="0"> <tr> <td>BTI Decision Reference number:</td> <td>BTI Decision Reference number:</td> </tr> <tr> <td>Start date of the decision:</td> <td>Start date of the decision:</td> </tr> <tr> <td>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Month <input type="checkbox"/><input type="checkbox"/> Day <input type="checkbox"/><input type="checkbox"/></td> <td>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Month <input type="checkbox"/><input type="checkbox"/> Day <input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>Commodity Code:</td> <td>Commodity Code:</td> </tr> </table>		BTI Decision Reference number:	BTI Decision Reference number:	Start date of the decision:	Start date of the decision:	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/>	Commodity Code:	Commodity Code:								
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<p>14. Are you aware of any legal or administrative proceedings concerning tariff classification pending within the EU, or a court ruling on tariff classification already handed down within the EU, relating to the goods described in boxes 9 and 10? (mandatory)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p> <p>Country: <input type="checkbox"/><input type="checkbox"/></p> <p>Name of the court:</p> <p>Address of the court:</p> <p>Reference number of the case:</p>																	
<p>15. Date and Authentication (mandatory)</p> <p>Date:</p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Month <input type="checkbox"/><input type="checkbox"/> Day <input type="checkbox"/><input type="checkbox"/></p> <p>Signature:</p> <p style="text-align: right;">Important note</p> <p>►⁽⁴⁾ By authenticating this application, the applicant accepts responsibility for the accuracy and completeness of the data contained in it, as well as for any additional information provided with it. The applicant accepts that these data and any photograph(s), image(s), brochure(s), etc. can be stored on a database of the European Commission and that the data, including any photograph(s), image(s), brochure(s), etc., submitted with this application or obtained (or obtainable) by the administration, and which have not been marked under data elements No 1, 2, 4 and 10 of this application as being confidential, shall be disclosed to the public via the internet. ◀</p>																	
<p>16. Additional information</p>																	

►⁽⁴⁾ (*) Please, use a separate sheet of paper if more space is required. ◀