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ORDERFORM NCTS DECLARATION  
SIMPLIFIED PROCEDURE

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Principal	
Telephone number	
Contact person	
Reference number principal	
Date	

Name receiver	
EORI number	
Address	
Zipcode and city	
Country	
NCTS office of destination	
NCTS office of passage	

*If applicable*

Country origin	
Country of destination	
Transport by	
Transport date	
Date of delivery	
Containernumber(s)	
Seal number(s)	
Commodity description	
HS code	
Number and sort of packages	
Gross weight	
Net weight	
Value of goods	

*Commercial invoice obliged*

Location of goods			
Vessel name / Airliner / License plate			
ETA			
Previous customs number		Article	

Submit document to Portbase	
<i>If yes, add booking reference</i>	

Document can be send to	
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