



# Safirán

## Freight and Cargo Services

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[دانلود نرم افزار PDF Extra](#)

HEADER INFORMATION	2. Exporter TIN :					1. DECLARATION		A. OFFICE USE			
						3. Pages	4. Lists	Manifest : Customs Reference Number : Date :			
						5. Items	6. Total Packages	7. Decadent' s Sequence Number			
	8. Consignee TIN :					9. Person Responsible for Financial Settlement TIN :					
						10. City of Last Coins./ First Deist.		11. Trading Country	12. Value Details	13.	
	14. Declarant / Representative TIN :					15. Country of Export			15A. City. Ex. Code	17A. City .Dot. Code	
						16. Country of Origin			17. Country of Destination		
	18 Vessel / Flight					Flag	19. ECL		20. Delivery Terms		
	21. Voyage No. / Date					22. Currency and Total Amount Invoiced			23. Exchange Rate	24. Natty. of Transit	
	25. Mode of trans . at Border		26. Inland Mode of Transport		27. Place of Loading / Discharging		28. Financial and Banking Date		Bank Code :		
						Terms of Payment :					
29. Office of Entry / Exit			30. Location of Goods		28.A. Bank Name : Branch :		Ref No.				
31. PACKAGES AND DESCRIPTION OF GOODS	Marks & Numbers .		Container No.		Number and Kind		32. Item No.		33. Commodity (HS) Code		
	Marks & No. of Packages :						34. Ctry. of Origin Code		35. Gross Mass(kg)	36. Preference	
	Nber & Kind :						37. Procedure Code		38. Net Mass (kg)	39. Quota	
							40. Previous Document / BL /AWB No.				
							41.A. UOM & Qty 1		42. Item Price (FOB/CIF)		43.
							41.B. UOM & Qty 2		45. Adjustment		
44. ADDITIONAL INFO/DOCS	License No. / DV :					/ DQ :					
	A. D. :					41C. UOM & Qty 3		46. Value (NCY)			
47. CALCULATION OF TAXES	(1) Type	(2) Tax Base	(3) Rate	(4) Amount	(5) MP	48. A.C. Number					
						B. ACCOUNTING DETAILS					
						Mode of Payment : Assessment Number : Receipt Number : Guarantee : Date : Date : Date :					
						Total Fees : Rs. Total Declaration : Rs.					
OFFICE USE	Total					C. (Total Invoiced amount) Currency					
	50.					FOB / CIF FREIGHT INSURANCE OTHER TOTAL					
	51.					53. I .....					
	52.					do hereby affirm that the particulars and the values entered by me are true and correct.					
	D					SIGNATURE & DATE .....					
					54. ..... DECLARATION SUBMITTED BY ID NUMBER						

HEADER INFORMATION	2. Consignee					TIN :					1. DECLARATION					A. OFFICE USE																			
31. PACKAGES AND DESCRIPTION OF GOODS	Marks & Numbers .					Container No.					Number and Kind					32. Item No.					33. Commodity (HS) Code														
	Marks & No. of Packages :																				34.Ctry. of Origin Code					35.Gross Mass(kg)					36.Preference				
	Nber & Kind :																				37. Procedure Code					38.Net Mass (kg)					39. Quota				
																					40.Previous Document / BL /AWB No.														
																					41.A. UOM & Qty 1					42. Item Price (FOB/CIF)					43.				
44. ADDITIONAL INFO/DOCS	License No.					/ DV :					/ DQ :					41.B. UOM & Qty 2					45.Abjurement														
	A. D. :																				41C. UOM & Qty 3					46. Value (NCY)									
31. PACKAGES AND DESCRIPTION OF GOODS	Marks & Numbers .					Container No.					Number and Kind					32. Item No.					33. Commodity (HS) Code														
	Marks & No. of Packages :																				34.Ctry. of Origin Code					35.Gross Mass(kg)					36.Preference				
	Nber & Kind :																				37. Procedure Code					38.Net Mass (kg)					39. Quota				
																					40.Previous Document / BL /AWB No.														
																					41.A. UOM & Qty 1					42. Item Price (FOB/CIF)					43.				
44. ADDITIONAL INFO/DOCS	License No.					/ DV :					/ DQ :					41.B. UOM & Qty 2					45.Abjurement														
	A. D. :																				41C. UOM & Qty 3					46. Value (NCY)									
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	Nber & Kind :																				37. Procedure Code					38.Net Mass (kg)					39. Quota				
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	Nber & Kind :																				37. Procedure Code					38.Net Mass (kg)					39. Quota				
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44. ADDITIONAL INFO/DOCS	License No.					/ DV :					/ DQ :					41.B. UOM & Qty 2					45.Abjurement														
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44. ADDITIONAL INFO/DOCS	License No.					/ DV :					/ DQ :					41.B. UOM & Qty 2					45.Abjurement														
	A. D. :																				41C. UOM & Qty 3					46. Value (NCY)									
47. CALCULATION OF TAXES	(1) Type	(2) Tax Base	(3) Rate	(4) Amount	(5) MP	(1) Type	(2) Tax Base	(3) Rate	(4) Amount	(5) MP																									
	Total First Item										Total Second Item																								
	(1) Type	(2) Tax Base	(3) Rate	(4) Amount	(5) MP	(1) Type	Summary of Taxes		53.A																										
Total Third Item															Signature & Date																				