



Safirán

Freight and Cargo Services

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این فرم را شرکت خدمات فریت بار و کارگوی سفیران تهیه کرده است. با مراجعه به وب سایت این شرکت، به تمامی فرم های گمرکی صد و شصت کشور دنیا دسترسی خواهید داشت. اطلاعات گمرکی مربوط به ترخیص بار مسافران، مهاجران، دانش آموزان و دانش جویان در تمامی گمرک های دنیا را در وب سایت ما جست و جو کنید.

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تمامی فرم ها با قابلیت تکمیل الکترونیکی در اختیار شما قرار داده شده اند و می توانید با کامپیوتر و یا تلفن همراه آیفون آن ها را تکمیل نمایید. در صورتی که می خواهید با تلفن های همراه اندرویدی از این قابلیت فرم استفاده کنید باید از نرم افزارهای مخصوصی که این قابلیت را برای شما فراهم می کنند استفاده کنید. پیشنهاد ما به شما استفاده از نرم افزار **PDF Extra** است.

[دانلود نرم افزار PDF Extra](#)

INF 1 FORM

TURKISH REPUBLIC CUSTOMS		INF1	INFORMATION FORM
1. Holder of Domestic Processing Permit:		ORIGINAL Serial A Nr:	
3. Place where Application shall be submitted:		2. APPLICATION (1) <input type="checkbox"/> The holder of domestic processing permit whose Signature is executed below requests the following information <input type="checkbox"/> Customs Administration specified in box nr. 4 requests the following. <input type="checkbox"/> Specify Customs Taxes and interest to be applied for the -goods to be subject to domestic Processing Regime if the goods or products indicated in box nr. 5 enter the free circulation <input type="checkbox"/> Specify whether the trade policy measures are applied to which the imported good is subject to. <input type="checkbox"/> Specify if special Trade Policy measures required to be applied <input checked="" type="checkbox"/> Specify the amount of Guarantee.	
4. Place where Information shall be supplied:		Place: _____ Date: ____/____/____ Day Month Year	
5. Number and types of packages, definition of the goods or products and their markings and numbers:		<div style="border: 1px solid black; width: 80px; height: 60px; margin: auto; text-align: center; line-height: 60px;">Seal</div>	
		7. T. Customs Tariff Position List nr.:	
INFORMATION TO BE SUPPLIED BY CUSTOMS ADMINISTRATION			
8. Required conditions for application of Special Trade Policy Measures:			
9. obligation (3) a) Customs Taxes: _____ b) Other Financial obligations with equivalent effect: _____ c) Other obligations: _____ d) Type of currency: _____			
10. Application of Special Trade Policy Measures (1): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Due to following reasons:		11. Comments (2): Date of First Entry to the Regime-____/____/____ Day Month Year	
(1) Mark the appropriate condition with (x) (2) Write the first entry date for the regime indicated in box nr- (3) Customs taxes, foreseen due to processing Agriculture products taxes with equivalent effects, Export returns and other taxes		12. Place: Date: ____/____/____ Day Month Year Signature:	
		<div style="border: 1px solid black; width: 80px; height: 60px; margin: auto; text-align: center; line-height: 60px;">Seal</div>	

Seal

<p>13. REQUEST FOR INSPECTION AFTER DELIVERY The Customs Administration indicated below requests affirmation of information contained in this form and same as the original.</p>	
<p>Place: Date-_____/_____/_____ Day Month Year Signature</p>	<p style="text-align: center;">Seal</p>
CUSTOMS ADMINISTRATION	
<p>14 RESULT OF AFFIRMATION</p> <p><input type="checkbox"/> It is approved that it is same as the original and the information contained are true.</p> <p><input type="checkbox"/> It is affirmed that it caused reasons indicated enclosed</p>	
<p>Place: Date-_____/_____/_____ Day Month Year Signature;</p>	<p style="text-align: center;">Seal</p>
CUSTOMS ADMINISTRATION	

NOTES:

A. GENERAL NOTES

- Boxes nr. 1 to 7 are filled out by the holder of Domestic Processing Permit or by the Administration requesting information
- Form must be filled out preferably with a typewriter or Computer to ensure legible and erase proof. It should not contain erasing or scraping. The errors made should be corrected by drawing a line over the error and writing the correct information, these corrections also must be verified by the person filling out the form and by the Customs Administration.

B NOTES PERTAINING TO BOXES

- Box nr. 1 - Write full name and address. If application is made by Customs Administration requesting information then leave this box blank.
- Box nr.3- Write name and address of customs Administration to which the application is submitted.
- Box nr. 4- Write name and address of Customs Administration requesting the information. If application is made by the holder of Domestic Processing Permit then this box shall be left blank.
- Box nr. 5- Write type, markings, numbers and quantity of packages and containers. Write the commercial definition of goods and products and Turkish Customs Tariff List nr.
- Box nr. 6- Write unit of measurement such as quantity, kg, lt,m2, etc.

TECHNICAL SPECIFICATIONS PERTAINING TO INF I FORM

- Form** shall be printed on 40 and 65 gr/m2 white paper produced for writing which does not contain mechanical pulp.
- Form** shall be in 210x297 mm size.
- Undersecretariat of Customs is responsible for printing the form. Each form shall have a serial number.
- Form** shall be printed and filled out in Turkish.