

Serial Nr (optional):

1. ELIGIBLE INSTITUTION / INDIVIDUAL

Designation :
Address (street, nr) :
Postal code, place :
Host Member State : **DENMARK**

2. COMPETENT AUTHORITY FOR ISSUING THE STAMP

**UDENRIGSMINISTERIET / MINISTRY OF FOREIGN AFFAIRS
PROTOKOLLEN / PROTOCOL DEPARTMENT
1448 COPENHAGEN
DENMARK**

TEL: +45 33 92 00 00

3. DECLARATION BY THE ELIGIBLE INSTITUTION OR PERSON

The eligible institution or individual ⁽¹⁾ hereby declares :

a) That the goods and/or services set out in box 5 are intended ⁽²⁾ :

- | | |
|---|--|
| <input type="checkbox"/> for the official use of | <input type="checkbox"/> for the personal use of |
| <input type="checkbox"/> a foreign diplomatic mission | <input type="checkbox"/> a member of a foreign diplomatic mission |
| <input type="checkbox"/> a foreign consular representation | <input type="checkbox"/> a member of a foreign consular representation |
| <input type="checkbox"/> an international organisation | <input type="checkbox"/> a staff member of an international organisation |
| <input type="checkbox"/> an armed force of a State being a party to the North Atlantic Treaty (NATO force). | |

(Designation of the institution) (see box 4)

b) that the goods and/or services described at box 5 comply with the conditions and limitations applicable to the exemption in the host Members State mentioned in box 1, and

c) that the information above is furnished in good faith. The eligible institution or individual hereby undertakes to pay the Member State from which the goods were dispatched or from which the goods and/or services were supplied, the VAT and/or excise duty which would be due if the goods and/or services did not comply with the conditions of exemption, or if the goods and/or services were not used in the manner intended.

Copenhagen,

(Name and status of signatory)

(Signature)

4. STAMP OF THE INSTITUTION (in case of exemption for personal use)

Copenhagen,

(Name and status of signatory)

(Signature)

5. DESCRIPTION OF THE GOODS AND/OR SERVICES, FOR WHICH THE EXEMPTION FROM VAT AND/OR EXCISE DUTY IS REQUESTED

A. Information concerning the supplier/authorized warehousekeeper

- 1. Name and address :
- 2. Member State :
- 3. VAT/excise number :

B. Information concerning the goods and/or services

N°	Detailed description of goods and/or services ⁽³⁾	Quantity or Number	Value excluding VAT and/or excise duty		Currency
			Value per Unit	Total Value	
1.					
2.					
3.					
4.					
Total amount :					

6. CERTIFICATION BY THE COMPETENT AUTHORITY OR AUTHORITIES OF THE HOST MEMBER STATE

The consignment/supply of goods and/or services described in box 5 meets

- totally
- up to a quantity of(number) ⁽⁴⁾

the conditions for exemption from VAT and/or excise duty

COPENHAGEN,

Name and status of signatory(ies)

Signature(s)

7. PERMISSION TO DISPENSE WITH STAMP (only in case of exemption for official use)

By letter Nr. of
(reference to file) (date)

..... Has been permitted by
(designation of eligible institution)

..... to dispense with the stamp under box 6.
(designation of competent authority in the host Member State)

COPENHAGEN,

Name and status of signatory(ies)

Signature(s)

(1) Delete as appropriate

(2) Place a cross in the appropriate box.

(3) Delete space not used: this obligation also applies if order forms are attached.

(4) Goods and/or services not eligible should be deleted in box 5 or on the attached order form