Serial No (optional):					
1. ELIGIBLE BODY/INDIVIDU	AL				
Designation/name					
Street and No					
Postcode, place					
(Host) Member State					
2. COMPETENT AUTHORITY	RESPONSIBLE FOR STAMPING	(name, address and telephone number)			
	Federal Public Service l	FINANCE			
General Administration of TAXES SHAPE VAT OFFICE		Custom and Excise General Administration Douanes SHAPE			
Building 210, Room 113		Building 210, Room 111A			
7010 SHAPE - BELGIUM		7010 SHAPE - BELGIUM			
E-mail: vat.shape@minfin.fed.be		E-mail: da.shape.mons@minfin.fed.be			
3. DECLARATION BY THE EL	IGIBLE BODY OR INDIVIDUAL				
The eligible body or individual (1)	hereby declares				
(a) that the goods and/or services se	et out in box 5 are intended (2)				
☐ For the official use of		$\Box$ For the personal use of			
☐ foreign diplor	natic mission	□ a member of a foreign diplomatic mission			
□ foreign consu	lar representation	$\Box$ a member of a foreign consular representation			
□ a European 1	oody to which the Protocol on the				
privileges and	d immunities of the European Union				
applies					
$\Box$ an international organisation $\Box$ a staff member of an international					
☐ the armed fo North Atlantic	rces of a State being a party to the c Treaty (NATO force)	;			
	ces of a Member State taking part in a e common security and defence polic				
☐ the armed for in the island o	ces of the United Kingdom stationed of Cyprus	(designation of the institution) (see box 4)			
☐ For the use of the European Commission or any agency					
	nion law, where the Commission or the sponse to the COVID-19 pandemie	nat agency or			
(b) that the goods and/or services d State mentioned in box 1, and	escribed at box 5 comply with the co	and limitations applicable to the exemption in the host Member			
(c) that the information above is fur	nished in good faith.				
and/or services were supplied, the V	eby undertakes to pay to the Member /AT and/or excise duty which would r services were not used in the manne	State from which the goods were dispatched or from which the goods be due if the goods and/or services did not comply with the conditions r intended.			
		Name and status of signatory			
Place, date		Signature			
4. STAMP OF THE BODY (in ca	se of exemption for personal use)				
		Name and status of signatory			
Place, date	Stamp	Signature			
,		<b>3</b>			

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DUTY IS REQUEST		ICES, FOR WHICH I	HE EXEMPTION FE	KOM VAT AND/OR E	XCISE	
A. Information concernin	g the supplier/authorised wareh	ousekeeper				
1) Name and address:		_				
2) Member State						
3) VAT/excise number o	r tax reference number					
	g the goods and/or services:					
3. Information concerning	g the goods and/or services.					
	ion of the goods and/or services (3) the to the attached order form)	Quantity or number	Value excluding V	AT and excise duty	Currency	
			Value per unit	Total value		
		Total amount				
CEDTIFICATION R	Y THE COMPETENT AUTH		NCT MEMBED CTAT	ne.		
	of goods and/or services describ		OSI WIEWIDER STAT	Ŀ		
□ totally		a quantity of		(number) (4)		
·	mption from VAT and/or excise			(number) (4)		
				Name and status of	f signatory	
Place, date Stamp				Signature		
PERMISSION TO DIS	SPENSE WITH THE STAMP U	NDER BOX 6 (only in	case of exemption for o	official use)		
By letter No:						
Dated:						
	arta atau.					
Designation of eligible in	ISHILLION:					
Is by						
Competent authority in h	ost Member State:					
Dispensed from the oblig	ation under box 6 to obtain the	stamp				
				Name and status of signatory		
Place, dat	te	Stamp		Signature	e	