

Annex 2

Example Documentation

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Example Ship Manifest

SAMPLE SHIPPING AND TRADING COMPANY, SAMPLE STREET, ROTTERDAM

MANIFEST

MV.	SHIP NAME	FROM: PORT OF ORIGIN	Douanekantoor Rotterdam/Freeweg Vereenvoudigde/Simplified procedure	TERMINAL: TERMINAL OF ARRIVAL
CAPT.	CAPTAIN NAME	TO: PORT OF DESTINATION	Vergunning toegelaten handels- documenten= T2L nr 70-389-00311	VOY.NR.: VOYAGE NUMBER
				SAILINGDATE: SAILING DATE

ITEM	CONTAINER	SIZE	TYPE	NRCOLLI	COLLI	CONTENTS	WEIGHT	STAT	PRECARRIAGE	SPECIALS	SHIPPER & CONSIGNEE	CODE
1	██████████		HR	1260	CTNS	FROZEN PINEAPPLE CUT SQUID	20000	T1	██████████	0 -18C 0	Name & Address of Shipper & Consignee	YML
2	██████████		ST	860	CTNS	POLYPROPYLENERS FOOD CONTAINER	4162	T1	██████████	0 0 0	Name & Address of Shipper & Consignee	APL
3	██████████		HC	10488	PIECES	IKEA HOME FURNISHING PRODUCTS	4332	T1	██████████	0 0 0	Name & Address of Shipper & Consignee	APL
4	██████████		HC	71	PKGS	IKEA HOME FURNISHING PRODUCTS	12227	T1	██████████	0 0 0	Name & Address of Shipper & Consignee	APL
5	██████████		ST	557	CTNS	RADIO WITHOUT BATTERY	4937	T1	██████████	0 0 0	Name & Address of Shipper & Consignee	COS
6	██████████		ST	2255	CTNS	TOASTER	7441	T1	██████████	0 0 0	Name & Address of Shipper & Consignee	COS
7	██████████		ST	1363	CTNS	IRON	9661	T1	██████████	0 0 0	Name & Address of Shipper & Consignee	COS
8	██████████		HR	2016	CTNS	I.Q.F. PANGASIUUS FOLDED FILLET	22176	T1	██████████	0 -22C 0	Name & Address of Shipper & Consignee	COS
9	██████████		ST	617	CTNS	MULTIFUNCTION OPENER	5766	T1	██████████	0 0 0	Name & Address of Shipper & Consignee	COS
10	██████████		HR	4884	CTNS	I.Q.F. PANGASIUUS FILLETS WHITE MEAT	24420	T1	██████████	0 -22C 0	Name & Address of Shipper & Consignee	COS
11	██████████		HR	4810	CTNS	I.Q.F. PANGASIUUS FILLETS WHITE MEAT	24050	T1	██████████	0 -22C 0	Name & Address of Shipper & Consignee	COS
12	██████████		RF	920	Cartons	FROZEN ATLANTIC COD BLOCKS SKINLESS BONELESS	21896	T1	██████████	0 -25C 0	Name & Address of Shipper & Consignee	COS
13	██████████		HR	2394	Cartons	DEEPSKINNED BONELESS PINK SALMON PORTIONS	27500	T1	██████████	0 -21C 0	Name & Address of Shipper & Consignee	COS
14	██████████		HR	2405	CTNS	FROZEN HADDOCK FILLETS	27500	T1	██████████	0 -21C 0	Name & Address of Shipper & Consignee	COS
15	██████████		HR	2000	Cartons	TIGHT FIT COD FILLETS SKINLESS AND BONELESS	23040	T1	██████████	0 -20C 0	Name & Address of Shipper & Consignee	COS
16	██████████		HR	2070	Cartons	FROZEN LONGLINE ATLANTIC COD PORTION SKINLESS BONELESS	25000	T1	██████████	0 -22C 0	Name & Address of Shipper & Consignee	COS
17	██████████		HR	3511	Cartons	FROZEN ATLANTIC COD SKINLESS PBD LOINS	23000	T1	██████████	0 -18C 0	Name & Address of Shipper & Consignee	COS
18	██████████		HR	2000	Cartons	IQF A-COD PORTION CUT FROM TOP TO TAIL, SKINLESS, BONELESS	24000	T1	██████████	0 -21C 0	Name & Address of Shipper & Consignee	COS
19	██████████		HR	871	Cartons	FROZEN MSC ATLANTIC COD FILLETS PORTIONS BONELESS IQF	21695	T1	██████████	0 -25C 0	Name & Address of Shipper & Consignee	COS
20	██████████		ST	16	Cases	magnesia carbon briks	23808	T1	██████████	0 0 0	Name & Address of Shipper & Consignee	COS
TOTAL			5 *20'	15 *40'								
			0 *30'	0 *45'								

Example Airway Manifest

Printed By: [REDACTED]
 LHR

Printed On: JUL 3, 2012

Air Cargo Arrival Manifest
 =====

Flight: EK0003 (S) JUL 3, 2012 18:40 Arrvl.Route: DXB-LHR
 Status: DEP (E) JUL 3, 2012 18:23 Off-Point : HEATHROW
 Ref No: [REDACTED] Rotation No:

AWB Number	Pieces	Description	WGT. (Kgs)	Org	Dest	SHC	Remarks
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ULD No : AKE11210EK *2p.*

176-69747716	32	FRUITS AND VEGI	285.00	CMB	LHR	PER, COL	
Shipper : [REDACTED]							
Consignee : [REDACTED]							

Total :	1	32	285.00				

ULD No : AKE12617EK *3*

* DUBAI INTL *							
176-23877501	7	PERSONAL EFFECT	420.00	RUH	LHR		
Shipper : [REDACTED]							
Consignee : [REDACTED]							

Total :	1	7	420.00				

ULD No : AKE13089EK *4p*

* DUBAI INTL *							
176-23216631	208	FRESHVEGETABLES	905.00	FEW	LHR	PER, PEP	
Shipper : [REDACTED]							
Consignee : [REDACTED]							

Total :	1	208	905.00				

ULD No : AKE40966EK *5p*

* DUBAI INTL *							
176-69747716	68	FRUITS AND VEGI	724.50	CMB	LHR	PER, COL	
Shipper : [REDACTED]							
Consignee : [REDACTED]							

Total :	1	68	724.50				

ULD No : AKE42084EK *6p*

Example Airway Bill

Shipper's Name and Address		Shipper's Account Number		Not Negotiable Air Waybill Issued by		
Consignee's Name and Address		Consignee's Account Number		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity		
Issuing Carrier's Agent Name and City		Accounting Information		I hereby agree that the goods declared herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a stippled extra charge if required.		
Agent's IATA Code		Account No.				
Airport of Departure (Addr. of First Carrier) and Requested Routing		Reference Number		Optional Shipping Information		
To	By First Carrier	Routing and Destination	to	by	by	
Airport of Destination		Requested Flight/Date		Currency	Declared Value for Carriage	
Handling Information		Amount of Insurance		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance".		
				SCI		
No. of Pieces RCP	Gross Weight	Rate Class Commodity Item No.	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
Prepaid		Weight Charge		Collect		Other Charges
		Volume Charge				
		Tax				
		Total Other Charges Due Agent				
		Total Other Charges Due Carrier				I hereby certify that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and in proper condition for carriage by air according to applicable national governmental regulations.
		Total Prepaid		Total Collect		
		Currency Conversion Rates		CC Charges in Dest. Currency		
For Carrier's Use only at Destination		Charges at Destination		Total Collect Charges		
				Executed on (date)		Signature of Issuing Carrier or its Agent
						Signature of Shipper or its Agent

XXX-

Example Arrivals List:

17/05/2012 09:00:05

ASSOCIATED BRITISH PORTS

Last voyage archive 19-Nov-2011 02:50

Vessel Arrivals Report

Sample Port 1, UK

Time	Vessel Name	Berth	LOA(m)	Port Of Origin	Country Of Origin	Commodity	VTS C/B	Qty	Agent	Flag	DRAFT				Comments
											NT	Fore	Aft	BM	
<u>16/05/2012</u>															
14:30	[REDACTED]	GY ALEX 16 Quay West	89.95	St Malo	France	BALLAST	B		[REDACTED]	Antigua & Barbuda (ATG)	1613	2.90	4.00	N	
<u>17/05/2012</u>															
2:55	[REDACTED]	GY ALEX 20 Qy	95.90	Emden	Germany	BALLAST	C		[REDACTED]	Cyprus (CYP)	2940	5.10	5.20	N	
3:40	[REDACTED]	GY ALEX 18 Qy	113.05	Zeebrugge	Belgium	BALLAST	C			Panama (PAN)	2406	4.50			

Sample Port 2, UK

Time	Vessel Name	Berth	LOA(m)	Port Of Origin	Country Of Origin	Commodity	VTS C/B	Qty	Agent	Flag	DRAFT				Comments
											NT	Fore	Aft	BM	
<u>16/05/2012</u>															
10:01	[REDACTED]	IMM HIT 1	121.50	London	United Kingdom	BALLAST	B		[REDACTED]	Belgium (BEL)	3340			Y	
<u>17/05/2012</u>															
5:59	[REDACTED]	IMM HIT 2	289.93	Rotterdam	Netherlands	Coal	C D	117,590T	[REDACTED]	Panama (PAN)	59287			Y	

Sample Port 3, UK

Time	Vessel Name	Berth	LOA(m)	Port Of Origin	Country Of Origin	Commodity	VTS C/B	Qty	Agent	Flag	DRAFT				Comments
											NT	Fore	Aft	BM	
<u>16/05/2012</u>															
9:45	[REDACTED]	IMM HST 3	195.40	Rotterdam	Netherlands	BALLAST	C		[REDACTED]	Malta (MLT)	10107			N	
<u>17/05/2012</u>															
3:08	[REDACTED]	IMM HST 2	193.00	Gothenburg	Sweden	BALLAST	C			United Kingdom (GBR)	6971			N	

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The information contained in this report is subject to change at short notice. Although every effort is made to ensure its accuracy, users should not rely upon it without making their own inquiries.

N.B. - This report is produced from the PAVIS archive system as opposed to the standard PAVIS system. Only voyages which have reached destination or beyond appear in this report. As a result of this, this report should not be assumed to contain all relevant voyages within the time constraints shown.

Example Common Veterinary Entry Document (CVED)

EUROPEAN COMMUNITY		The Common Veterinary Entry Document, CVED	
Part 1: Details of consignment presented	1. Consignor / Exporter <input type="checkbox"/>	2. CVED reference number	
		Border Inspection Post	
		ANIMO Unit Number	
	3. Consignee	4. Person responsible for load	
	5. Importer	6. Country of origin + ISO code	7. Country from where consigned + ISO code
		8. Delivery address	
	9. Arrival at BIP (estimated date)	10. Veterinary documents Number(s) Date of issue Establishment of origin (where relevant) Veterinary approval number	
	11. Vessel name / Flight No. Bill of Lading No./ Airway Bill No. Wagon / Vehicle / Trailer No.		
	12. Nature of goods, Number and type of packages	13. Commodity Code (CN, minimum first 4 digits)	
		14. Gross weight (kg)	
	15. Net weight (kg)		
Temperature	Chilled: <input type="checkbox"/>	Frozen: <input type="checkbox"/>	Ambient: <input type="checkbox"/>
16. Seal number and Container number			
17. Transhipment to <input type="checkbox"/>	18. For transit to 3rd Country <input type="checkbox"/>		
EU BIP	ANIMO unit no.:	To 3rd Country	+ ISO code
3rd country	3rd Country ISO code:	Exit BIP:	ANIMO unit no.:
19. Conform to EU requirements	20. For re-import <input type="checkbox"/>		
Conforms <input type="checkbox"/>			
Does NOT conform <input type="checkbox"/>			
21. For internal market	22. For NON- Conforming consignments		
Human consumption: <input type="checkbox"/>	Customs warehouse <input type="checkbox"/>	Registered No.	
Animal feedingstuff: <input type="checkbox"/>	Free zone or Free warehouse <input type="checkbox"/>	Registered No.	
Pharmaceutical use: <input type="checkbox"/>	Ship supplier <input type="checkbox"/>	Registered No.	
Technical use: <input type="checkbox"/>	Ship <input type="checkbox"/>	Name	
Other: <input type="checkbox"/>		Port	
23. Declaration	Place and date of declaration		
I, the undersigned person responsible for the load detailed above, certify that to the best of my knowledge and belief the statements made in section I of this document are true and complete and I agree to comply with the legal requirements of directive 97/78/EC, including payment for veterinary checks, for re-shipment of any consignment rejected after transit across the EU to a third country (Article 11.1.e), or costs of destruction if necessary.	Name of signatory		
	Signature		

Example Common Veterinary Entry Document (CVED)

EUROPEAN COMMUNITY		The Common Veterinary Entry Document, CVED	
Part 2: decision on consignment	24. Previous CVED: No <input type="checkbox"/> Yes <input type="checkbox"/> Reference number: <input type="text"/>	25. CVED Reference Number: <input type="text"/>	
	26. Documentary Check: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	27. Identity Check: Seal check <input type="checkbox"/> OR Full identity check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	
	28. Physical Check: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> Not done <input type="checkbox"/> 1. Reduced checks regime <input type="checkbox"/> 2. Other <input type="checkbox"/>	29. Laboratory Tests: No <input type="checkbox"/> Yes <input type="checkbox"/> Tested for: Random <input type="checkbox"/> Suspicion <input type="checkbox"/> Results: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> Released pending a result <input type="checkbox"/>	
	30. ACCEPTABLE for Transhipment: EU BIP <input type="text"/> ANIMO unit no.: <input type="text"/> 3rd country <input type="text"/> 3rd Country ISO code: <input type="text"/>	31. ACCEPTABLE for Transit Procedure <input type="checkbox"/> To 3rd Country <input type="text"/> + ISO code <input type="text"/> Exit BIP: <input type="text"/> ANIMO unit no.: <input type="text"/>	
	32. ACCEPTABLE for Internal Market For Free Circulation <input type="checkbox"/> Human consumption: <input type="checkbox"/> Animal feedingstuff: <input type="checkbox"/> Pharmaceutical use: <input type="checkbox"/> Technical use: <input type="checkbox"/> Other: <input type="checkbox"/>	33. ACCEPTABLE if channelled Article 8 procedure <input type="checkbox"/> Re-import of EU products (Article 15) <input type="checkbox"/>	
	35. NOT ACCEPTABLE 1. Re-export <input type="checkbox"/> 2. Destruction <input type="checkbox"/> 3. Transformation <input type="checkbox"/> By Date: <input type="text"/>	34. ACCEPTABLE for Specific Warehouse Procedure (Articles 12.4 and 13) Customs warehouse <input type="checkbox"/> Free zone or Free warehouse <input type="checkbox"/> Ship supplier <input type="checkbox"/> Direct to a ship <input type="checkbox"/>	
	37. Details of Controlled Destinations (33-35) Approval no (where relevant): <input type="text"/> Address: <input type="text"/>	36. Reason for Refusal 1. Absence/Invalid certificate <input type="checkbox"/> 2. Non approved country <input type="checkbox"/> 3. Non approved establishment <input type="checkbox"/> 4. Prohibited product <input type="checkbox"/> 5. ID: Mis-match with documents <input type="checkbox"/> 6. ID: Health mark error <input type="checkbox"/> 7. Physical hygiene failure <input type="checkbox"/> 8. Chemical contamination <input type="checkbox"/> 9. Micro biological contamination <input type="checkbox"/> 10. Other <input type="checkbox"/>	
	38. Consignment Resealed New seal no: <input type="text"/>	40. Official Veterinarian I the undersigned official veterinarian, or designated official agent, certify that the veterinary checks on this consignment have been carried out in accordance with EU requirements. Signature: <input type="text"/> Name (in Capital): <input type="text"/> Date: <input type="text"/>	
	41. Exit Transit BIP: Formalities of exit from the EC and checks made of transiting goods confirmed in accordance with Article 11.2(e) of Directive 97/78/EC: Date: <input type="text"/> Stamp: <input type="text"/>	42. Customs Document Reference: <input type="text"/> 43. Subsequent CVED Number(s): <input type="text"/>	

Example Common Entry Document (CED)

EUROPEAN COMMUNITY		COMMON ENTRY DOCUMENT (CED)		Common Entry Document, CED	
Part I: Details of dispatched consignment	I.1. Consignor Name Address Country + ISO code		I.2. CED reference number		
			DPE		
			DPE Unit N°		
	I.3. Consignee Name Address Postal code Country + ISO code		I.4. Person responsible for the consignment Name Address		
			I.5. Country of origin + ISO code	I.6. Country from where consigned	+ ISO code
	I.7. Importer Name Address Postal code Country + ISO code		I.8. Place of destination Name Address Postal code Country + ISO code		
	I.9. Arrival at DPE (estimated date) Date		I.10. Documents Number Date of issue		
	I.11. Means of transport Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Identification: Documentary references:				
	I.12. Description of commodity		I.13. Commodity code (HS code)		
					I.14. Gross weight/Net weight
					I.15. Number of packages
	I.16. Temperature Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/>		I.17. Type of packages		
	I.18. Commodity intended for Human consumption <input type="checkbox"/> Further process <input type="checkbox"/> Feedingstuff <input type="checkbox"/>				
	I.19. Seal number and container number				
	I.20. For transfer to <input type="checkbox"/> Control Point Control Point Unit N°		I.21.		
I.22. For import <input type="checkbox"/>		I.23.			
I.24. Means of transport to Control Point Railway wagon <input type="checkbox"/> Registered No. Aeroplane <input type="checkbox"/> Flight No. Ship <input type="checkbox"/> Name Road vehicle <input type="checkbox"/> Plate No.					
I.25. Declaration I, the undersigned person responsible for the consignment detailed above, certify that to the best of my knowledge and belief the statements made in Part I of this document are true and complete and I agree to comply with the legal requirements of Regulation (EC) N° 882/2004, including payment for official controls, and consequent official measures in case of non compliance with the feed and food law.		Place and date of declaration Name of signatory Signature			

Example Common Entry Document (CED)

EUROPEAN COMMUNITY		Common Entry Document, CED	
Part II: Decision on consignment	II.1. CED Reference Number	II.2. Customs Document Reference	
	II.3. Documentary Check Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	II.4. Consignment selected for physical checks Yes <input type="checkbox"/> No <input type="checkbox"/>	
	II.5. ACCEPTABLE for transfer Control Point <input type="checkbox"/> Control Point Unit N°		
	II.6. NOT ACCEPTABLE <input type="checkbox"/> 1. Re-dispatching <input type="checkbox"/> 2. Destruction <input type="checkbox"/> 3. Transformation <input type="checkbox"/> 4. Use for other purpose <input type="checkbox"/>	II.7. Details of Controlled Destinations (II.6) Approval no (where relevant) Address Postal code	
	II.8. Full identification of DPE and official stamp <input type="checkbox"/> DPE Stamp DPE Unit N°	II.9. Official Inspector I the undersigned official inspector of the DPE, certify that the checks on the consignment have been carried out in accordance with Community requirements.	
	II.10. II.10.	II.11. Identity check Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	
	II.12. Physical Check Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	II.13. Laboratory Tests Yes <input type="checkbox"/> No <input type="checkbox"/> Tested for Results: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	
	II.14. ACCEPTABLE for release for free circulation <input type="checkbox"/> Human consumption <input type="checkbox"/> Further process <input type="checkbox"/> Feedingstuff <input type="checkbox"/> Other <input type="checkbox"/>	II.15. II.15.	
	II.16. NOT ACCEPTABLE <input type="checkbox"/> 1. Re-dispatching <input type="checkbox"/> 2. Destruction <input type="checkbox"/> 3. Transformation <input type="checkbox"/> 4. Use for other purpose <input type="checkbox"/>	II.17. Reason for Refusal 1. Absence/Invalid certificate (if applicable) <input type="checkbox"/> 2. ID: Mis-match with documents <input type="checkbox"/> 3. Physical hygiene failure <input type="checkbox"/> 4. Chemical contamination <input type="checkbox"/> 5. Microbiological contamination <input type="checkbox"/> 6. Other <input type="checkbox"/>	
	II.18. Details of Controlled Destinations (II.16) Approval no (where relevant) Address Postal code		
II.19. Consignment resealed New seal no			
II.20. Full identification of DPE/Control Point and official stamp Stamp	II.21. Official Inspector I the undersigned official inspector of the DPE/Control Point, certify that the checks on the consignment have been carried out in accordance with Community requirements. Name (in capital) Date Signature		
Part III: Control	III.1. Details on re-dispatching: Means of transport n° Railway wagon <input type="checkbox"/> Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Road vehicle <input type="checkbox"/> Country of destination: + ISO code Date		
	III.2. Follow up Arrival of the consignment Yes <input type="checkbox"/> No <input type="checkbox"/> Local Competent Authority Unit <input type="checkbox"/> Correspondence of the consignment Yes <input type="checkbox"/> No <input type="checkbox"/>		
	III.3. Official Inspector Name (in capital) Unit N° Address Signature Date Stamp		