



CPAAAAAAKXJ5

IMPORTANT: This form may be opened officially. Please print in English, using blue or black ink, and press firmly; you are making multiple copies. See Privacy Notice and Indemnity Coverage on Customer Copy.

+

2A

9277

2B

9277

9277

FROM: Sender's Last Name

First

16

Insured Amount (US \$)

SDR Value

\$

\$

Business

Insurance Fees (US \$)

Total Postage Fees (US \$)

\$

\$

Address (Number, street, suite, apt., P.O. Box, etc.) Residents of Puerto Rico include Urbanization Code preceded with URS

City

State

ZIP+4®

To:

Addressee's Last Name

First

16

Business

Address (Number, street, suite, apt., P.O. Box, etc.)

Postcode

City

State/Province

Country

1. Detailed Description of Contents (enter one item per line)

2. Qty 3. Lbs. Oz. 4. Value (U.S. \$)

5. Check One:

☐

Gift

☐

Returned Goods

☐

Documents

☐

Commercial Sample

☐

Merchandise

☐

Other

6. Check One:

☐

Airmail

☐

Surface

7. Other Restrictions (Refers to No. 1,2)

8. Total Gross Wt. (all items Lbs. & Oz.)

9. Total Value US \$ (all items)

11. EEL/PFC

12. Restrictions

☐ Quarantine ☐ Sanitary or Phytosanitary Inspection

13. I certify the particulars given in this customs declaration are correct. This item does not contain any dangerous article, or articles prohibited by legislation or by postal or customs regulations. I have met all applicable export filing requirements under the Foreign Trade Regulations. Sender's Signature and Date

Month Day Year

14. Sender's Customs Reference (if any)

15. Importer's Reference - Optional (if any)

15. Importer's Telephone ☐ Fax ☐ Email ☐ (select one)

17. License No.

18. Certificate No.

19. Invoice No.

For Commercial Sender's Only

20. HS Tariff Number

21. Country of Origin of Goods

10. If non-deliverable:

☐

Treat as Abandoned

☐

Return to Sender (see inst)

☐

Redirect to Address Below:

Mailing Office Date Stamp