



CASH DECLARATION

1. Type of Declaration	2. Registration of declaration b. Registration No. a. Date of receipt of
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PART I: PERSONAL DETAILS

3. Details of Declarant Gender a. Surname(s) b. First Name(s) c. Date & Place of Birth d. Nationality e. Address f. Zip Code / Town g. Country	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;">ID Document: Passport/ID Number Issuing Place (city, country) Personal No / BSN</td> <td style="width:40%; padding: 5px;">Issuing</td> </tr> <tr> <td colspan="2" style="padding: 5px;">h. Profession:</td> </tr> </table>	ID Document: Passport/ID Number Issuing Place (city, country) Personal No / BSN	Issuing	h. Profession:	
ID Document: Passport/ID Number Issuing Place (city, country) Personal No / BSN	Issuing				
h. Profession:					

4. Are you the Owner? a. Surname(s) b. First Name(s) c. Date & Place of Birth d. Nationality e. Address f. Zip Code / Town g. Country	5. Details of the owner h. Company Name i. TIN/VAT No. j. Address k. Zip Code / Town l. Country:
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PART II: DESCRIPTION OF THE CASH OR MONETARY INSTRUMENTS

6. Monetary instrument	Other	Amount	7. Currency	8. Equivalent in
TOTAL				

PART III: PROVENANCE & INTENDED USE OF THE CASH OR MONETARY INSTRUMENTS

9. Provenance 10. Intended Use	
11. Are you the a. Surname(s) b. First Name(s) c. Date & Place of Birth d. Nationality e. Address f. Zip Code / Town g. Country	12. Details of Intended h. Company Name i. TIN/VAT No. j. Address k. Zip Code / Town l. Country:

PART IV: TRANSPORT INFORMATION

13. Means of Transport		
14. Transport Route a. Country of Departure b. Departure Date	c. Via (Transit Country) d. Departure Date	e. Country of f. Arrival Date
15. Transport Company		16. Reference No.

17. Signature of the Declarant <i>I declare that all above details are correct. I am aware that a false, inaccurate or incomplete declaration is liable to penalties, detention or confiscation of the cash by the competent authority.</i> Date	Signature & Stamp of Customs	18. Remarks of Customs
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