

Import Customs Declaration Form

Medical Equipment

Date:

Declaration No.:

Importer Information

Name of Importer:

Company Name:

Address:

Contact Number:

Email:

Consignee Information

Name:

Company/Institution:

Address:

Contact Number:

Email:

Shipment Details

Country of Export:

Port of Entry:

Method of Transportation:

Expected Arrival Date:

Invoice Number:

Invoice Date:

Medical Equipment Details

No.	Description of Equipment	Model/Serial No.	Quantity	Unit Value
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information

Purpose of Import:

Relevant Licenses/Permits (if any):

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and that all applicable import regulations have been complied with.

Name:

Position/Title:

Signature:

Date: