

Commission Delegated Regulation (EU) 2016/341 of 17 December 2015 supplementing Regulation (EU) No 952/2013 of the European Parliament and of the Council as regards transitional rules for certain provisions of the Union Customs Code where the relevant electronic systems are not yet operational and amending Delegated Regulation (EU) 2015/2446

Changes to legislation: There are currently no known outstanding effects for the Commission
Delegated Regulation (EU) 2016/341, ANNEX 2. (See end of Document for details)

[^{X1}ANNEX 2]

Editorial Information

- X1** Substituted by [Corrigendum to Commission Delegated Regulation \(EU\) 2016/341 of 17 December 2015 supplementing Regulation \(EU\) No 952/2013 of the European Parliament and of the Council as regards transitional rules for certain provisions of the Union Customs Code where the relevant electronic systems are not yet operational and amending Delegated Regulation \(EU\) 2015/2446 \(Official Journal of the European Union L 69 of 15 March 2016\)](#).

Changes to legislation: There are currently no known outstanding effects for the Commission Delegated Regulation (EU) 2016/341, ANNEX 2. (See end of Document for details)

EUROPEAN UNION		APPLICATION FOR BINDING TARIFF INFORMATION (BTI)	
<p>1. Applicant (full name and address)</p> <p>Telephone number:</p> <p>Fax number:</p> <p>Customs ID/EORI No:</p>	<p>For Official use</p> <p>Registration Number:</p> <p>Place of Receipt:</p> <p>Date of Receipt:</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/></p> <p>BTI Application language:</p> <p>Images to be scanned:</p> <p>Yes <input type="checkbox"/> # ... No <input type="checkbox"/></p> <p>Date of issue:</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/></p> <p>Issuing officer:</p> <p>All Samples returned: <input type="checkbox"/></p>		
<p>2. Holder (full name and address)</p> <p>(Confidential)</p> <p>Telephone number:</p> <p>Fax number:</p> <p>Customs ID/EORI No:</p>	<p>Important note</p> <p>By signing the declaration, the applicant accepts responsibility for the accuracy and completeness of the particulars given on this form and on any continuation sheet(s) lodged with it. The applicant accepts that this information and any photograph(s), sketch(es), brochure(s) etc. can be stored on a database of the European Commission and that the data, including any photograph(s), sketch(es), brochure(s) etc., submitted with the application or obtained (or obtainable) by the administration, and which have not been marked in boxes 2 and 9 of the application as being confidential can be disclosed to the public via the internet.</p>		
<p>3. Agent or Representative (full name and address)</p> <p>Telephone number:</p> <p>Fax number:</p> <p>Customs ID/EORI No:</p>	<p>4. Reissue of a BTI</p> <p>If you are applying for the reissue of a BTI, please complete this box.</p> <p>BTI Reference Number:</p> <p>Valid from:</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/></p> <p>Nomenclature Code:</p>		
<p>5. Customs Nomenclature</p> <p>Please indicate in which nomenclature the goods are to be classified:</p> <p><input type="checkbox"/> Harmonized System (HS)</p> <p><input type="checkbox"/> Combined Nomenclature (CN)</p> <p><input type="checkbox"/> TARIC</p> <p><input type="checkbox"/> Refund nomenclature</p> <p><input type="checkbox"/> Other (Specify):</p>	<p>6. Type of transaction</p> <p>Does this application relate to an import or export actually envisaged?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Classification envisaged</p> <p>Please indicate where in your view the goods are classified.</p> <p>Nomenclature Code:</p>		
<p>8. Description of goods</p> <p>Include where necessary the precise composition of the goods, the method of analysis used, the type of manufacturing process undergone, the value including the components, the use of the goods, the usual trade name and where appropriate, the packaging for retail sale in the case of sets of goods (Please use a separate sheet if more space is required).</p>			

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9. Commercial denomination and additional information (*) (Confidential)			
<p>10. Samples etc. Please indicate which if any of the following are enclosed with your application.</p> <p>▶^(*) <input type="checkbox"/> Description ◀</p> <p><input type="checkbox"/> Brochures</p> <p><input type="checkbox"/> Photographs</p> <p><input type="checkbox"/> Samples</p> <p><input type="checkbox"/> Other</p> <p>Do you wish your samples to be returned?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Special costs incurred by the Customs authorities as a result of analysis, expert reports or the return of samples, may be charged to the applicant.</p>			
<p>11. Other BTI Applications (*) and other BTI held (*) Please indicate if you have applied for, or been issued with BTI for identical or similar goods at other Customs offices or in other Member States.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details and enclose a photocopy of the BTI:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Country of Application: Place of Application: Date of Application: Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Month <input type="text"/><input type="text"/> Day <input type="text"/><input type="text"/> BTI Reference: Date of Start of Validity: Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Month <input type="text"/><input type="text"/> Day <input type="text"/><input type="text"/> Nomenclature Code: </td> <td style="width: 50%; padding: 5px;"> Country of Application: Place of Application: Date of Application: Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Month <input type="text"/><input type="text"/> Day <input type="text"/><input type="text"/> BTI Reference: Date of Start of Validity: Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Month <input type="text"/><input type="text"/> Day <input type="text"/><input type="text"/> Nomenclature Code: </td> </tr> </table>		Country of Application: Place of Application: Date of Application: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> BTI Reference: Date of Start of Validity: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Nomenclature Code:	Country of Application: Place of Application: Date of Application: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> BTI Reference: Date of Start of Validity: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Nomenclature Code:
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<p>12. BTI issued to other Holders (*) Please indicate if you are aware of BTI for identical or similar products already issued to other holders.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Issuing country: BTI Reference: Date of Start of Validity: Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Month <input type="text"/><input type="text"/> Day <input type="text"/><input type="text"/> Nomenclature Code: </td> <td style="width: 50%; padding: 5px;"> Issuing country: BTI Reference: Date of Start of Validity: Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Month <input type="text"/><input type="text"/> Day <input type="text"/><input type="text"/> Nomenclature Code: </td> </tr> </table>		Issuing country: BTI Reference: Date of Start of Validity: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Nomenclature Code:	Issuing country: BTI Reference: Date of Start of Validity: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Nomenclature Code:
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<p>13. Date and Signature</p> <p>Your reference:</p> <p>Date:</p> <p>Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Month <input type="text"/><input type="text"/> Day <input type="text"/><input type="text"/></p> <p>Signature:</p>			
<p>For Official Use:</p>			

(*) Please use a separate sheet of paper if more space is required.

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