

EXCISE ACCOUNT		VERMOUTH (SOS) - SPECIAL STORAGE WAREHOUSE								DA 260	
LICENSED WAREHOUSE NAME >>>> PHYSICAL ADDRESS >>>> >>>> >>>> >>>>						WAREHOUSE NUMBER >>>> EXCISE CLIENT CODE >>>> YEAR & MONTH(S) >>>> FROM DATE >>>> TO DATE >>>>					
PRODUCT CODE		UVER		FVER		SVER		OVER			
TARIFF ITEM(S)		104.16.03	104.16.09	104.16.05	104.16.11	104.16.01	104.16.04	104.16.06	104.16.10	104.16.12	
		Packed	Unpacked	Packed	Unpacked	Packed	Packed		Unpacked		
STATISTICAL UNIT		LI					LA				
EXCISE VALUE FOR DUTY PAID REMOVALS (per tariff item)											
TOTAL: EXCISE VALUE FOR DUTY PAID REMOVALS											
Plus = Less =	Opening Balance		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
	Receipts From C&E Warehouses	DA 260.02									
	SUBTOTAL										
	Non-Duty Paid Removals	DA 260.04									
	Closing Balance		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
Total Balance Check											
DECLARATION											
I (Name & Surname) _____											
IN MY CAPACITY AS _____											
FOR (Licensee Name) _____											
HEREBY DECLARE THAT ALL INFORMATION SUPPLIED											
ON THIS DOCUMENT IS TRUE AND CORRECT.											
SIGNATURE _____ DATE _____											
FOR OFFICIAL USE ONLY											
CONSOLIDATED			ASSURANCE ACTIVITY	NAME	SIGNATURE	DATE	DATE RECEIVED				
Code	Number	Date	Accepted				(OFFICIAL DATE STAMP AND SIGNATURE)				
			Face Checked								
			Compliance Checked								

