

<b>EXCISE ACCOUNT</b>		<b>WINE</b> (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		UWNE		FWNE		SWNE	OWNE																																	
TARIFF ITEM(S)		104.15.03	104.15.07	104.15.05	104.15.09	104.15.01	104.15.04	104.15.06	104.15.08	104.15.10																														
		Packed	Unpacked	Packed	Unpacked	Packed		Unpacked																																
STATISTICAL UNIT		LI				LA																																		
Opening Balance																																								
Plus = Less =	Receipts From C&E Warehouses	DA 260.02																																						
	SUBTOTAL																																							
Less =	Non-Duty Paid Removals	DA 260.04																																						
	Closing Balance																																							
Total Balance Check																																								
<b>DECLARATION</b> 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																																								
<b>FOR OFFICIAL USE ONLY</b>																																								
CONSOLIDATED DECLARATIONS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Code</th> <th style="width: 15%;">Number</th> <th style="width: 10%;">Date</th> <th style="width: 20%;">ASSURANCE ACTIVITY</th> <th style="width: 15%;">NAME</th> <th style="width: 15%;">SIGNATURE</th> <th style="width: 10%;">DATE</th> <th style="width: 20%;">DATE RECEIVED</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td style="text-align: center;">Accepted</td><td></td><td></td><td></td><td rowspan="3" style="text-align: center; vertical-align: middle;">(OFFICIAL DATE STAMP AND SIGNATURE)</td> </tr> <tr> <td></td><td></td><td></td><td style="text-align: center;">Face Checked</td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td style="text-align: center;">Compliance Checked</td><td></td><td></td><td></td> </tr> </tbody> </table>											Code	Number	Date	ASSURANCE ACTIVITY	NAME	SIGNATURE	DATE	DATE RECEIVED				Accepted				(OFFICIAL DATE STAMP AND SIGNATURE)				Face Checked							Compliance Checked			
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