


1 PSI (Reporting unit) Name: Address: Street, Number: Postcode (ZIP Code): City:		VAT Number: Number of organization unit:	<h2 style="margin:0;">INTRASTAT-SK DISPATCH DECLARATION</h2>				
2 Declaring third party / agent Name: Address: Street, Number: Postcode (ZIP Code): City:		VAT number:	3 Period:	4 Forms:		Registrované ŠÚ SR Č. Vk. 15/15, z 19.6.2014	
			5 Total number of items:	6a) Serial number of declaration in ref. period:	Deadline for submitting of declaration is 15th calendar day following reference month		
				6b) Serial number of correcting declaration:			
7 Serial number of items	8 Goods description						
9 Goods code (CN)							
10 Invoice value (EUR)	11 Member state of destination	13 Region of origin	16 Nett mass (kg)	17 Quantity in supplementary unit	18 Nature of transaction	19 Delivery terms	20 Mode of transport
7 Serial number of items	8 Goods description						
9 Goods code (CN)							
10 Invoice value (EUR)	11 Member state of destination	13 Region of origin	16 Nett mass (kg)	17 Quantity in supplementary unit	18 Nature of transaction	19 Delivery terms	20 Mode of transport
7 Serial number of items	8 Goods description						
9 Goods code (CN)							
10 Invoice value (EUR)	11 Member state of destination	13 Region of origin	16 Nett mass (kg)	17 Quantity in supplementary unit	18 Nature of transaction	19 Delivery terms	20 Mode of transport
7 Serial number of items	8 Goods description						
9 Goods code (CN)							
10 Invoice value (EUR)	11 Member state of destination	13 Region of origin	16 Nett mass (kg)	17 Quantity in supplementary unit	18 Nature of transaction	19 Delivery terms	20 Mode of transport
7 Serial number of items	8 Goods description						
9 Goods code (CN)							
10 Invoice value (EUR)	11 Member state of destination	13 Region of origin	16 Nett mass (kg)	17 Quantity in supplementary unit	18 Nature of transaction	19 Delivery terms	20 Mode of transport
All given data are considered confidential and can be used only for statistical purposes. Law on state statistics No 540/2001 Coll as amended provides data protection.							
21 Signature of person responsible for data: Stamp: _____ Date: _____				22 Name of person, who compiled declaration: Address: _____ Phone No: _____ Fax: _____ E-mail: _____			