



**TRANSSHIPMENT COMMODITY CLEARANCE
VESSEL-TO-VESSEL**

(Accomplish in 4 copies)

Consignee (Name, Address, Telephone No.): TIN: License No.: T -		Date of Filing:	Transshipment Commodity Clearance No. TCC-V2V	
Shipper (Name, Address, Telephone No.):		Customs Broker: (Name, Address, Telephone No.)		
Vessel / Air Carrier:		Bill of Lading/Airway Bill No./Transshipment Permit No.		
Port(s) of Discharge: Port(s) of Loading:		Approximate Date of Arrival: Approximate Date of Loading:		
Description of Commodity Class/ Grade		Quantity	Unit of Measure	Net Weight Kg.
FOB Value (US \$)				
I hereby certify that the information supplied herein are true and correct of my own knowledge and belief. Printed Name and Signature of Transshipper Authorized Representative Designation:		Republic of the Philippines <u>NATIONAL TOBACCO ADMINISTRATION</u> AGENCY _____ (Date of Issuance) This is to certify that the goods declared above have been found to conform with the regulations of this office. ATTY. ROHBERT A. AMBROS BELINDA S. SANCHEZ Department Manager III Administrator and CEO Regulation Department		
OFFICIAL RECEIPT		Valid within Ninety (90) days from date of issuance.		
Number	Date	Amount Paid		
				Remarks: Not valid if altered and/or contains erasures/obliterations.