

nder. by Sender NOTICES:



## THE REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF CUSTOMS

INFORMATION SHEET for Consolidation Shipment of Balikbayan boxes		To be filled out by the consolidator MBL / MAWB Number: Tracking Number:
INSTRUCTIONS FOR FILLING OUT All information must be completely filled out to avoid any unnecessary delay in the processing and release of shipments. Only fields with asterisk (*) are required to be filled out for the Minimis Value shipment. PLEASE TYPE OR PRINT LEGIBLY IN CAPITAL LETTERS: Please accomplish One (1) Information Sheet per box in three (3) copies to be distributed as follows:1st copy attached to the box; 2nd copy for the consolidator; and 3rd copy to be kept	year only (Php150, frequenc shipmen 5. balikba	vilege of sending tax and duty-free balikb r and should not exceed to the total value 000.00) in a calendar year. Anything in exc y shall be subject to corresponding duties t as long as the total value does not excee ayan boxes in excess of the minimum size e.

y-free balikbayan boxes can be availed of up to three (3) times a total value of One Hundred Fifty Thousand pesos tything in excess of the allowable quantity, amount or prescribed nding duties and taxes. You can send more than one box in one bes not exceed Php 150,000.00 in one calendar year. 5. balikbayan boxes in excess of the minimum size of 0.20cbm shall not be qualified for expedited

6. Importations of up to 2 liters of wine and liquor, 2 reams of cigarettes and 50 sticks of cigars shall be subject to payment of excise tax only. Any excess in quantity shall be subject to the corresponding duty, VAT and excise tax.

7. If the Sender avails of the De Minimis exemption, there must be only one consignee or recipient. An invoice or equivalent document is required for immediate release of shipments by juridical entities.

8. Balikbayan boxes within the De Minimis Value shall not be counted as an availment under the balikbayan box privileg

3 .The ultimate recipient of the balik sender.	bayan box must be a family member	or a relative of the
NATURE OF AVAILMENT:	Balikbayan Box privilege	De Minimis
NUMBER OF AVAILMENT:	□1st Time	2nd Time

1. The Sender who will avail of the tax and duty-free privilege of balikbayan boxes under Section 800 (g) of the Customs Modernization and Tariff Act (CMTA) must be a Qualified Filipino While Abroad and must be at least 18 yrs. Old.

2. For the availment of the privilege under Section 800 (g) of the CMTA, the boxes must contain household effects and personal effects which are for personal use and consumption ONLY and should not be in commercial quantities nor intended for barter, sale or for hire.

2nd Time 3rd Time

De Minimis Value

TYPE OF SENDER: OFW Resident Filipino 🖸 Non-Resident Filipino

□None

A. SENDER INFORMATION	Business Name *(Only for jurio	dical Entities)				
Family Name*	Given Name*		Middle Name*	Suffix*		
Contact Number/s*	Email Address, If any*: Date of Birth: (mm/dd/yyyy)					
Philippine Passport Number:		Date issued (mm/dd/yyyy)				
Expiry Date (mm/dd/yyyy)		Place Issued:				
Complete Current Address Abroad*:	Complete Address in the Philippines:					
Total Value of all Contents of each Balikbavan Box fo	r this shipment in (Philippine P	eso)*:				

WARNING: Offenses that may result to the forfeiture of the goods, including imposition of penalties and criminal prosecution of the offender: 1. Sending of PROHIBITED or RESTRICTED GOODS; 2. Sending of REGULATED GOODS in excess of the allowable limits without the necessary import permit; 3. Making of any false or misl ssarv import permit; 3. Making of any false or misleading statements to a Customs Officer IL IDDINE BASED BECIDIENT

B. PHILIPP	INE-DASED	RECIPIEN							
Family Name*			Given Name	*		Middle	Name*		Suffix*
Contact Number/	s*				Email Address, If a	any*:			
Complete Philipp	ine Address:								
Relationship to	Sender (by affi	nity or consan	guinity):	(Check one (1	) box only)				
Spouse	🗖 Child	Parent	Sibling	Sibling of Par	rent 🔲 1st Co	ousin 🔲 Nie	ece/Nephew	Grand Paren	t
Sibling o	of Grandparent	Grand Nied	e/Nephew	Grandchild	🗖 Great	Grandchild	🗖 Great Gra	ndparent	

C. ITEMIZED	ZED DESCRIPTION OF GOODS* (Please declare separately new and old goods. Use additional sheets if necessary and each additional sheet should also be signed by the Sender)			Boxof				
Quantity	Unit of Measure"		Goods Description		Please New		Actual or Estimated Valu (Philippine Peso)	
						1 Contraction of the		
						1		
						1		
22								
	1							
				TOTAL	. VAI	_UE	Php	

## Declaration

MODE OF PAYMENT

CHECK PAYABLE TO MANILA FORWARDER NO

CASH CREDIT CARD

and Auto shipping to the Philippines

I declare, under the penalties of falsification, that this Information Sheet has been made in good faith and to the best of my knowledge and belief, is true and correct pursuant to the provisions of the Customs Modernization and Tariff Act of the Philippines and its implementing rules and regulations.

Its implementing rules and regulations. These comodities exported from Origin in accordance with the Export Administration Regulations. Diversion contrary to Origin law is prohibited. I certify and declare; that the list is true and correct description of my shipment; that there are no undeclared, restricted, illegal or banned items, including but not limited to firearms and components, ammuniton, illegal drugs, hazardous materials, jewelry or precious metals, included in this shipment; and that Manila Forwarder or it's agent is authorized to clear this shipment from customs and under contractual obligation to ensure duties, tax, charges, penalties and other expenses due on the shipment and/ or incured for its release are paid. The Shipper or Consignee is liable to reimburse Manila Forwarder or any deficiency or duties and taxes required. I also understand that Manila Forwarder's liability is limited to \$200 per package as indicated in the PAYMENT and INSURANCE section below, and that I have the option to purchase higher insurance coverage as manifested. I am tendering this shipment will full understanding that there is no insurance protection against breakage and there is no implied transit time as shipments may be subjected to delavs. there is no implied transit time as shipments may be subjected to delays

REPORT TRANSACTION

PAYMENT AND INSURANCE
Number of Package(s):
Package Measurement:
Shipping:
Tax, Duties, VAT:
Insurance Coverage: (
Insurance Premium:
Total:

