Appendix

		Model Re	econciliation	Form	(MRF)			
To be filled-in by the initiator of the request for reconciliation								
Destina	tion:							
Regional	Customs office (o	ptional):	Customs	office of	destination:			
Name:			Name:					
	Receive	ed on:			Recei	ved on:		
Date:			Date:					
Stamp			Stamp					
			Data to be con	firmed				
Data source: ☐ TIR Carnet ☐ Control system data								
TIR Carnet Reference Number	Name or number of Customs office of destination*	Reference number indicated in the certificate of termination of the TIR operation (boxes 24-28 of voucher No. 2) at the Customs office of destination*	Date indicated in the certificate of termination of the TIR operation at the Customs office of destination*	Page number	Partial / final termination	Termination of the TIR operation certified with or without reservation at the Customs office of destination	Number of packages (optional)	
Attachments:		□ Copy of TIR Carnet counterfoils Response from Customs office of the second			Other:			
				fice of				
□ Confirmation		☐ Correction (please insert the corrections below)			☐ No reference found on the termination of the TIR operation			
TIR Carnet Reference Number	Name or number of Customs office of destination*	Reference number indicated in the certificate of termination of the TIR operation (boxes 24-28 of voucher No. 2) at the Customs office of destination*	Date indicated in the certificate of termination of the TIR operation at the Customs office of destination*	Page number	Partial / final termination	Termination of the TIR operation certified with or without reservation at the Customs office of destination	Number of packages (optional)	
Comm	ents:							
Date: Stamp and signature of Customs office of destination:								
		C	entral Customs offic	e (optiona	()			
Comm	ents:							
Date:	Date: Stamp and/or signature							

^{*} Please note that these data refer to the <u>Customs office of Destination</u> where the TIR movement terminated."