Provider of statistical information: N° LU: _ _ _ _ _ _ _ _

Name / Postal adress:

Contact:
Tel.:
Email:

INTRASTAT

Detailed Declaration

Month / Year

DISPATCH

Member State of destination *(2 letters)*	Nature of transaction *(2 digits)*	Commodity code *(8 digits)*	Net Mass in Kg *(no decimals)*	Supplementary statistical unit *(no decimals))*	Invoiced value in Euro *(no decimals)*