…….………………….

**( town, date )**

**A U T H O R I Z A T I O N**

**for acting in form of Direct representation**

**In accordance with the regulation on representation in Article 5, 18, 19 UCC,**

**Regulation of the European Parliament and of the EU Council Nr. 952/2013 of 9 October 2013 establishing the Union Customs Code, I authorize the Customs Agency:**

**„NOVITAS” Sp. z o.o.**

ul. Marszałka Józefa Piłsudskiego 7

22-680 Lubycza Królewska

Oddziały:

ul. Łaszczowiecka 12B, 22-600 Tomaszów Lubelski,

ul. Rolnicza 10, 22-600 Tomaszów Lubelski

## REGON: 061348543, NIP: 921-20-28-309

for performing, in favour of:

**………………………………………………………………………………………..**

**( name and seat of the person granting the authorization)**

**EORI:** ………………………….

the following activities before the authorities of the National Tax Administration (KAS) related to the commodity trading with foreign countries:

1. Examine the goods and collect their samples before making a customs declaration.

2. Preparing the necessary documents and making a customs declaration in accordance with the applicable communication systems.

3. The payment of import or export customs duties and other charges.

4. Taking up goods after their release.

5. Submission of security for the amount resulting from the customs debt.

6. Submission of appeals and other applications subject to consideration by the customs authorities.

7. Grant further authorization.

8. Reporting and receiving goods for the Temporary Storage Warehouse, Customs Warehouse

This authorization is:

- constant,

- granted until .....................,

- single.

Confirmation of authorization approval

……………………………………………………..

(stamp and signature of authorising person)

Confirmation of authorization:

.....................................................................................

/ date and signature of a customs agent acting on behalf of a customs agency /

PROVISIONS SUPPLEMENTARY TO AUTHORIZATION

1. If there is a need to act on behalf of the principal in matters relating to the tax on goods and services or excise duty, the principal will provide the Novitas Sp. z o.o. the customs agent has a separate power of attorney to act on behalf of the principal.

2. If the authorization is limited only to selected activities resulting from the scope of operation of Novitas Sp. z o.o. or, at the discretion of the authorized party, activities which are not covered by this authorization should be specified.

3. The principal shall immediately notify the proxy and competent customs administration authorities of the withdrawal of this authorization. Otherwise, AC Novitas Sp. z o.o. will continue to act effectively on behalf of the principal.

4. The submission of this authorization and its copy, excerpt or copy thereof in the KAS authorities results in the obligation to pay the stamp duty in the amount resulting from the applicable provisions. Each time the principal undertakes to pay the due stamp duty.

5. The Principal of this authorization further declares that he assumes the responsibility:

• For the accuracy of invoice translation and accompanying documents to Polish

• For the actual conformity of the product with the documents as to quantity, weight, type and value.

• For meeting the deadlines set in the course of the proceedings.

6. In the case of securing customs and tax liabilities, secured payments should be made to the account of the TREASURY OFFICE IN NEW TRADE FAIR on the basis of an electronic demand for payment sent by a customs agent, or to the account of Novitas Sp. z o.o. if this is the disposition of a customs agent.

7. The following documents must be attached to this authorization:

a. printout from a KRS copy or printout of a certificate of entry in the business activity register (CEiDG)

b. certificate of assignment no. Statistical REGON

c. certificate of assignment no. Tax registration tax identification number

d. EORI number (if available)

 The above documents must be up to date and immediately updated after each change.

8. COMPANY DATA:

- NIP ..................................

- REGON ...........................

- NR. BANK ACCOUNT ................................................ .............

- NAME OF THE TREASURY OFFICE .............................................. ...

- Email address of the person responsible for the monster Export Document IE599: .............................................

-CONTACT PERSON .............................................. TEL .............. ................................... ..................................

......... .. ............................................................................

                                                                      (signature and position of the person or

persons authorized to represent the company)