

Additional sheet

Cash declaration for accompanied cash entering from or leaving to other EU countries

1. Additional sheet number

Sheet number _____ of _____ (total)

This additional sheet supplements:

- A declaration form
- Another additional sheet. Sheet number: _____ of _____

2. Additional sheet details

Choose only one of the options.

1. Additional cash details to declare.
2. There is more than one owner of the carried cash.
This additional sheet contains the details on:
- a. The carrier
- b. Another natural person
- c. A legal person
3. There is more than one intended recipient of the carried cash.
This additional sheet contains the details on:
- a. The carrier
- b. Another natural person
- c. A legal person

Please note:

1. Fill in section 3, and go to section 8 (skip 4, 5, 6 and 7).
- 2.a. Fill in section 3, and go to section 6 and 8 (skip 4, 5 and 7).
- 2.b. Fill in section 3, and 4, and go to section 6 and 8 (skip 5 and 7).
- 2.c. Fill in section 3, and go to section 5, 6 and 8 (skip 4 and 7).
- 3.a. Fill in section 3, and go to section 7 and 8 (skip 4, 5 and 6).
- 3.b. Fill in section 3, and 4, and go to section 7 and 8 (skip 5 and 6).
- 3.c. Fill in section 3, and go to section 5, 7 and 8 (skip 4 and 6).

3. Details of the cash

For additional sheets completed with multiple owners or recipients for the carried cash, only the cash details of the individual owner or recipient must be provided.

Currency:

Value	Currency
Value	Currency
Value	Currency
Value	Currency

Value	Currency
Value	Currency
Value	Currency
Value	Currency

Bearer negotiable instruments:

Type	Value	Currency
Type	Value	Currency

Commodities used as highly-liquid stores of value:

Type	Quantity	Total weight	Total value	Currency
Type	Quantity	Total weight	Total value	Currency

Are further cash details listed in other additional sheets? No Yes _____
If yes, in how many sheets?

4. Natural person

* If applicable. If not applicable, indicate N/A.

First name(s)		Last name(s)		Personal identification number*	
Nationality		Place of birth		Date of birth (dd-mm-yyyy)	
Street		Number	Email address*		
Postal/ZIP code	Town	Country		Telephone number*	

Identity document (ID)

Specify: Passport ID card Other: _____

ID document number	Country of issue	Date of issue (dd-mm-yyyy)
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5. Legal person

* If applicable. If not applicable, indicate N/A.

Name		Registration country	Registration number	Name of register or authority
EORI number*		VAT identification number*		
Street*		Number*	Email address*	
Postal/ZIP code	Town	Country		Telephone number*

6. Economic provenance

Choose at least one of the options.

<input type="checkbox"/> Labour profits	<input type="checkbox"/> Loan granted by a legal entity
<input type="checkbox"/> Capital profits	<input type="checkbox"/> Lottery/gambling
<input type="checkbox"/> Sale of real estate property	<input type="checkbox"/> Gift/donation
<input type="checkbox"/> Sale of moveable property	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Loan granted by a natural person	<input type="checkbox"/> Other: _____

7. Intended use

Choose at least one of the options.

<input type="checkbox"/> Labour expenses	<input type="checkbox"/> Lottery/gambling	<input type="checkbox"/> Repayment of loan granted by a natural person
<input type="checkbox"/> Capital investment	<input type="checkbox"/> Charity	<input type="checkbox"/> Repayment of loan granted by a legal entity
<input type="checkbox"/> Funds for purchasing real estate	<input type="checkbox"/> Cash to shipmaster/board cash	<input type="checkbox"/> Transfer of cash by professional cash couriers
<input type="checkbox"/> Funds for purchasing moveable property	<input type="checkbox"/> Vacation/recreation	<input type="checkbox"/> Other: _____

8. Signature

I understand that the information provided in this additional sheet is a part of one cash declaration. If the information is incorrect or incomplete, I am liable to penalties according to the Danish Customs Act.

..... Signature Date (dd-mm-yyyy) Place

9. For official use

Filled in by the Danish Customs Agency

Reference number

Guidance for completion of supplementary appendices

General information

The general comments on the declaration form also apply to this appendix.

Section 1: Appendix number

The appendix must be numbered with sequential numbers (i.e. the first appendix as no. 1, the second appendix as no. 2, etc.).

State whether the appendix supplements a declaration form or another supplementary appendix. The appendix supplements a declaration form when, for example, information about several owners or recipients is required or if the carrier brings more monetary instruments than can be described in the declaration form. The appendix only supplements another supplementary appendix when there is no space in the first supplementary appendix to describe all the monetary instruments of an owner or recipient. In this case, reference is made to the first appendix by stating its number.

Section 2: Reason for supplementary declaration

State the reason for this supplementary appendix. Please only tick one field. If more than one option is relevant, a supplementary appendix is completed for each additional option.

Sections 3-7

State information about the monetary instruments and any owners and recipients of the monetary instruments and the origin and intended use of the monetary instruments according to the instructions in section 2.

In case of several owners or recipients, the individual owner's or recipient's part of the monetary instruments brought by the carrier is declared. The sum of the owner's and the recipient's parts must each correspond to the total monetary instruments brought by the carrier.

If there is no room to declare all monetary instruments in section 3, a supplementary appendix is completed.

Section 8: Signature of the carrier

Sign and attach this supplementary appendix to the declaration form.