

**SCANPHIL BALIK BAYAN BOX SERVICE**

FINLAND • FRANCE • SWEDEN • ESTONIA + GERMANY

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THE REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE**BUREAU OF CUSTOMS** Shipment Reference \_\_\_\_\_

INSTRUCTIONS : You must check one type of availment only. You may only avail of the Balikbayan Box Privilege, if you are a Qualified Filipino While Abroad		<b>TYPE OF AVAILMENT <sup>14</sup></b> <input type="checkbox"/> Balikbayan Box privilege <input type="checkbox"/> 1st Time <input type="checkbox"/> 2nd Time <input type="checkbox"/> 3rd Time <input type="checkbox"/> De Minimis Value <input type="checkbox"/> None	<b>INFORMATION SHEET</b> For Consolidated Shipments of "Balikbayan Boxes" Revised BOC Form NO. BB-IS-001
<b>A. SENDER INFORMATION</b>		TYPE OF SENDER <input type="checkbox"/> Qualified Filipinos While Abroad (QFWA) <input type="checkbox"/> Non-Qualified Filipinos While Abroad (NQFWA)	
Business Name (Only for Sole Prop., Partnership, Corporation)			
Family Name*		Given Name*	Middle Name*
Contact Number/s:*		Email Address, If any:	
Philippine Passport Number: (For QFWAs Only)*		Date Issued (mm/dd/yyyy): (For QFWAs Only)*	
Expiry Date (mm/dd/yyyy): (For QFWAs Only)*		Place Issued: (For QFWAs Only)*	
Complete Current Address Abroad:*			
<b>B. PHILIPPINE-BASED RECIPIENT</b>			
Family Name*		Given Name*	Middle Name*
Contact Number/s:*		Email Address, If any:	
Complete Philippine Address:*			

- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Small Box   | <input type="checkbox"/> Suitcase               | <input type="checkbox"/> TV / DVD     | <input type="checkbox"/> Bicycle           |
| <input type="checkbox"/> Jumbo Box   | <input type="checkbox"/> Bed Frame / Mattress   | <input type="checkbox"/> Furniture    | <input type="checkbox"/> Crated Item _____ |
| <input type="checkbox"/> Super Jumbo | <input type="checkbox"/> Oven / Washing Machine | <input type="checkbox"/> Home Theater | <input type="checkbox"/> Others _____      |

Payment should be made in cash upon pick-up of your goods. We accept credit cards. Invoicing is available upon request. 10 days after invoice issue date, 5% of the total amount will be applied as a surcharge.

Cash                       Bank Transfer                       Credit Card                       Invoice

Card Holder \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Valid Date \_\_\_\_\_

C. ITEMIZED 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)			Box	of
Quantity	Unit of Measure <sup>16</sup>	Goods Description	Please mark <input checked="" type="checkbox"/>		Actual or Estimated Value (Philippine Peso)	
			New	Used		
<b>TOTAL VALUE</b>					Php	

**Declaration**  
 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.

\_\_\_\_\_  
 Sender's signature                      Date and Time                      Scanphil Company signature

**WARNING: Offenses that may result to the forfeiture of the goods, including imposition of penalties and criminal prosecution of the offended:**  
 1. Sending of PROHIBITED or RESTRICTED GOODS  
 2. Sending of REGULATED <sup>16</sup>GOODS in excess of the allowable limits without the necessary import permit:  
 3. Making of any false or misleading statements to a Customs Officer.

\*Required fields