

Room 504A, 5/F, Trade and Industry Department Tower, 700 Nathan Road, Kowloon 香港九龍彌敦道700號工業貿易署大樓5樓504A室

Transshipment Cargo Exemption Scheme 轉運貨物豁免許可證方案：
Transshipment Cargo Transhipped through Hong Kong 經香港轉運的貨物
(Chinese Herbal Medicines and Proprietary Chinese Medicines, Pharmaceutical Products and Medicines, Rice, Frozen or Chilled Meat and Poultry)
(中藥材及中成藥、藥劑產品及藥物、食米及冷藏或冷凍肉類和家禽) (See Note 請參閱備註)
(Month 月份 / Year 年份)*

Name and Address of Company/ Registered Business

公司/已註冊業務名稱及地址： _____

Certificate of Exemption No 豁免證書編號： TREX- _____

Goods Information 貨物資料			Inbound Transport Details 入口載運資料				Outbound Transport Details 出口載運資料			
Description of Goods 貨物的描述	Origin of Goods (Marks or Labels, if any) 貨物的產地來源 (貨物上的標記/標籤，如有的話)	Quantity & Unit 數量及單量	Date of Arrival 抵港日期	Original Port of Loading 原本的裝貨港口	Name of Carrier, Voyage/ Flight No. 將貨物運入香港的船隻名稱、航程/班機編號	Master & House Bill of Lading/Air Waybill No. 總提單、提單或空運提單的編號	Date of Departure 離港日期	Port of Destination 目的地港口	Name of Carrier, Voyage/ Flight No. 將貨物運離香港的船隻名稱、航程/班機編號	Master & House Bill of Lading/Air Waybill No. 總提單、提單或空運提單的編號

I hereby declare that the information given herein is true to the best of my knowledge.

本人謹此聲明，就本人所知，以上所報各項資料，均屬真確無訛。

Signature
簽署

Name of Signatory 簽署人姓名
(in Block Letters 請以正楷填寫)

Position of Signatory 簽署人的職位
(See Note 1 見註1)

Company/Business Chop
公司/商號印章

Date
日期

* Please insert the month and year referred to in this table.
請填上所申報的月份及年份。

Note : Before completing this return, please read the advice overleaf.
備註：填寫本申報表之前，請細閱下頁指引。

(1) This return should be signed 本申報表應由下列人士簽署：

- (a) by the proprietor, if the company/registered business is a sole proprietor 獨資經營：東主；
- (b) by a partner, if the company/registered business is a partnership 合夥經營：合夥人之一；
- (c) by a director, if the company/registered business is a corporation; or 有限公司：一名董事；或
- (d) by the person who has been authorised by the proprietor/partner/director in writing to sign on behalf of the company/registered business .
獲東主/合夥人/董事書面授權代表該公司/已註冊業務簽署的人士。

(2) The Certificate of Exemption Number allocated to you should be clearly indicated at the upper right hand corner of each page of the return.

須於申報表每頁右上角清楚註明分配予貴號的豁免證書號碼。

(3) Returns should be lodged on or before the 15th of each month covering transhipments of Chinese herbal medicines and proprietary Chinese medicines, pharmaceutical products and medicines, rice, or frozen or chilled meat and poultry handled in the preceding calendar month. They should be properly signed, dated and should bear your company/business chop.

須於每月第十五日或之前遞交記錄前一個月所轉運的中藥材及中成藥、藥劑產品及藥物、食米及冷藏或冷凍肉類和家禽資料的申報表。申報表必須適當簽署、填上日期及蓋上貴號的公司/商號印章。

(4) Transhipments of goods which are not covered by the Scheme need not and should not be included in the returns. Transhipments of rough diamonds covered by the Scheme should be included in a separate return (TID 114 at Appendix 1 to Annex II).

並非根據本方案所轉運的貨物，無需亦不應記入本申報表內。而根據本方案所轉運的未經加工鑽石，則須另作申報(使用附件二內之附錄一申報表 TID 114)。

(5) If no transhipments of goods covered by the Scheme are handled in a particular month, a return declaring this should be lodged, i.e. nil return (TID 112 at Appendix 2) is required. The nil return should also be lodged on time in accordance with item (3) above.

倘該月並無根據本方案轉運貨物，亦須按以上第 3 項所述時間依時遞交註明並無轉運貨物的申報表(使用附錄二的申報表 TID 112)。

(6) For enquiries related to the completion of this return, please contact the Manifest Checking Unit at tel. no. 2398 5565.

如對填寫本申報表有任何疑問，請致電 2398 5565 與艙單查核分組聯絡。