

COPY FOR COMMISSION	2	1 Competent customs authority DYREKTOR IZBY CELNEJ w WARSZAWIE ul. Erazma Ciołka 14 A 01-443 Warszawa	2 BTI reference PL PL-WIT-2013-00616
		3 Holder (name and address) confidential	4 Date of start of validity 2013-04-04
		Important notice Without prejudice to the provisions of Article 12 (4) and (5) of Council Regulation (EEC) No 2913/92 this BTI remains valid for 6 years as from the date of start of validity. The information supplied will be stored on a database of the Commission of the European Communities for the purpose of the application of Commission Regulation (EEC) No 2454/93 and the data of the BTI, including any photograph(s), sketch(es), brochure(s) etc., but with the exception of the information contained in boxes 3 and 8, may be disclosed to the public via the Internet. The holder shall have the right to appeal against this BTI.	5 Date and registration number of the application 2013-02-27 PL APPL/2013/00251
	2		6 Classification of the goods in the customs nomenclature 7607201000*****
		7 Description of the goods Samoprzylepna folia aluminiowa pokryta folią z tworzywa sztucznego, umieszczona na podłożu z papieru. Grubość samej folii wynosi 0,02 mm. Wykorzystywana przy produkcji telewizorów, w celu ograniczenia zakłóceń elektromagnetycznych. Wymiary: 30 x 60 x 0,08 mm	
		8 Commercial denomination and additional information confidential	
		9 Justification of the classification of the goods Klasyfikacja zgodna jest z postanowieniami 1., 3(b) i 6. reguły Ogólnych Reguł Interpretacji Nomenklatury Scalonej, brzmieniem pozycji 7607, obejmującej m.in. folię aluminiową (nawet zadrukowaną, łączoną z papierem, tekturą, z tworzywami sztucznymi lub podobnymi materiałami podłożowymi), o grubości (z wyłączeniem dowolnego podłoża) nieprzekraczającej 0,2 mm, a także zgodna z brzmieniem podpozycji 7607 20 10 Wspólnej Taryfy Celnej Unii Europejskiej.	
		10 This BTI has been issued on the basis of the following material provided by the applicant: Description <input type="checkbox"/> Brochures <input checked="" type="checkbox"/> Photos <input checked="" type="checkbox"/> Samples <input checked="" type="checkbox"/> Other <input type="checkbox"/> Place Warszawa Signature Stamp Date 2013-04-04	

4	11 Competent customs authority to be contacted for additional information (name, full address, telephone, telefax)	12 BTI reference
	<p>MINISTERSTWO FINANSÓW Departament Polityki Celnej ul. Świętokrzyska 12 00-916</p> <p>Telephone No: 48 22 6501717 Fax No: 48 22 6501285</p>	<p>PL PL-WIT-2013-00616</p>
4		13 Language
		<p>pl</p>
	14 Thesaurus Keywords	
	FOLIE	Z TWORZYWEM SZTUCZNYM
	Z GLINU	NA PAPIERZE
	SAMOPRZYLEPNY	

Description of the goods:

Image ID 6048

Description c:\bin\btipl\zdjecia\250-13.jpg

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9. Commercial denomination and additional information (*)	(Confidential)
<p>Please indicate which of the information, provided in accordance with box 10 of this application or obtained (or obtainable) by the administration is to be treated as confidential:</p>	
10. Samples etc.	
Please indicate which, if any, of the following are enclosed with your application.	
Description <input type="checkbox"/> Brochures <input checked="" type="checkbox"/> Photographs <input checked="" type="checkbox"/> Samples <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
Do you wish your samples to be returned ? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Special costs incurred by the Customs authorities as a result of analysis, expert reports or the return of samples, may be charged to the applicant.	
11. Other BTI applications (*) and other BTI held (*)	
Please indicate if you have applied for, or been issued with BTI for identical or similar goods at other Customs offices or in other Member States.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please give details and enclose a photocopy of the BTI:	
Country of application: Place of application: Date of application: BTI reference: Date of start of validity: Nomenclature code:	Country of application: Place of application: Date of application: BTI reference: Date of start of validity: Nomenclature code:
12. BTI issued to other holders (*)	
Please indicate if you are aware of BTI for identical or similar products already issued to other holders.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please give details:	
Issuing country: BTI reference: Date of start of validity: Nomenclature code:	Issuing country: BTI reference: Date of start of validity: Nomenclature code:
13. Date and signature	
Your reference: Date: Signature:	
For official use	

(*) Please use a separate sheet of paper if more space is required.