

1. Año **2025**

Espacio reservado para la DIAN (Antes de diligenciar este formulario lea cuidadosamente las instrucciones)

4. Número de formulario

032025001179507-4

Importador	5. Número de Identificación Tributaria (NIT)			6. DV.	11. Apellidos y nombres o Razón Social																																																										
	13. Dirección CL 25 25 B 126 TO 2			15. Teléfono 2765591	12. Cód. Admón. 03	16. Cód. Dpto 70	17. Cód. Ciudad Municipio 001																																																								
Declarante	24. Número de Identificación Tributaria (NIT)		25. DV.	26. Razón social del declarante autorizado			27. Tipo usuario	28. Cód. usuario																																																							
	860078039		2	AGENCIA DE ADUANAS GRANANDINA LTDA NIVEL 1			26	453																																																							
29. Número documento de identificación			30. Apellidos y nombres																																																												
80085757			RODRIGUEZ PARRA HECTOR STEVENS																																																												
31. Clase importador	32. Tipo declaración	33. Cod.	34. No. Formulario Anterior	35. Año - Mes - Día	36. Cod. Admón.	37. Declaración de Exportación	38. Año - Mes - Día	39. Cod. Admón.																																																							
02	Inicial	1	XXXXXXXXXXXXXXXXXX	XXXX - XX - XX	XX	No. XXXXXXXXXXXXXXXXXXXX	XXXX - XX - XX	XX																																																							
40. Cod. lugar ingreso de las mercancías		41. Cod. Depósito	42. Manifiesto de carga	43. Año - Mes - Día		44. Documento de transporte		45. Año - Mes - Día																																																							
BOG		13907	No. 9194552396	2025 - 06 - 19		No. SZX71016401		2025 - 06 - 13																																																							
46. Nombre exportador o proveedor en el exterior						47. Ciudad	48. Cod. País Exportador																																																								
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49. Dirección exportador o proveedor en el exterior					50. E-mail																																																										
SUITE 3209, 32/F, TOWER 5, THE GATEWAY, HARBOUR CI					13810435792																																																										
51. No. de factura	52. Año - Mes - Día	53. Cod. país procedencia	54. Cod. Modo Transporte	55. Código de Bandera	56. Cod. Depto destino	57. Empresa transportadora		58. Tasa de cambio \$ cvs.																																																							
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S	59. Subpartida arancelaria	60. Cod. Complementario	61. Cod. Suplementario	62. Cod. Modalidad	63. No. cuotas o meses	64. Valor cuota USD	65. Periodicidad del pago de la cuota	66. Cod. país de origen																																																							
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68. Forma de pago de la importación	69. Tipo de importación	70. Cod. país compra	71. Peso bruto kgs. dcms.	72. Peso neto kgs. dcms.	73. Código embalaje	74. No. bultos	75. Subpartidas	76. Cod. unidad comercial																																																							
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78. Valor FOB USD	79. Valor fletes USD		Auto liquidación																																																												
40.954.47	1.651.52		<table border="1"> <thead> <tr> <th>Concepto</th> <th>%</th> <th>Base</th> <th>Total Liquidado (\$)</th> <th>Total a pagar con esta declaración (\$)</th> <th>Total Liquidado (USD)</th> </tr> </thead> <tbody> <tr> <td>Arancel</td> <td>0.00</td> <td>177.677.481</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>I.V.A.</td> <td>0.00</td> <td>177.677.481</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Salvaguardia</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Derechos Compensatorios</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Derechos Antidumping</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Sancion</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Rescate</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td colspan="3">Total</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> </tbody> </table>						Concepto	%	Base	Total Liquidado (\$)	Total a pagar con esta declaración (\$)	Total Liquidado (USD)	Arancel	0.00	177.677.481	0	0	0.00	I.V.A.	0.00	177.677.481	0	0	0.00	Salvaguardia	0.00	0	0	0	0.00	Derechos Compensatorios	0.00	0	0	0	0.00	Derechos Antidumping	0.00	0	0	0	0.00	Sancion	0	0	0	0		Rescate	0	0	0	0		Total			0	0	0.00	
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91. Descripción de las mercancías (No inicie la descripción de las mercancías a importar con lo señalado en el arancel de aduanas en la subpartida arancelaria - Incluya marcas, seriales y otros) (Si el campo es insuficiente, continúe al respaldo de este formulario)																																																															
DO CGI112659 PEDIDO PEDIDO OLA: 178-06-2025 DECLARACION 4 DE 4; FACTURA(S):I1100001734127 MERCANCIA NUEVA DE PRIMERA CALIDAD. NOS ACOGEMOS AL ESTATUTO TRIBUTARIO ART. 424, MODIFICADO POR LA LEY 1819 DE DICIEMBRE 29 DE 2016, ART. 175 NUMERAL 6 // FACTURA:I1100001734127, FECHA:13-06-2025 , CERTIFICADO DE HOMOLOGACION NO. 2024508302 DEL 08/04/2024CODIGO DE HOMOLOGACION TM-24-0229, DOCUMENTO DE VERIFICACION DE IMEI NO DV-234822 DE 2025-06-18.ID/SKU:56128/MZB0H70US , PRODUCTO: TELEFONO MOVIL-REDMI 13 SANDY GOLD 8GB RAM 256GB ROM, MARCA: REDMI, MODELO: 24049RN28L, REFERENCIA: REDMI 13, SERIAL: NO APLICA, USO O DESTINO: PARA SU COMERCIALIZACION EN COMUNICACIONES, IMEI: 862552079689342,862552079697345, 862552079697147, 862552079824568, 86255207980462(continúa al respaldo)																																																															
127. Valor pagos anteriores: 0			128. Recibo oficial de pago anterior No.: XXXXXXXXXXXXXXXX			129. Fecha: XXXX XX XX																																																									
130. Espacio reservado DIAN - Actuación aduanera Estado de levante: Levante automático			131. Espacio reservado uso exclusivo Ministerio de Relaciones Exteriores			132. No. Aceptación declaración 032025001179507																																																									
No hay declaración posterior						133. Feha: 2025 06 20																																																									
134. Levante No. 032025000954462		135. Fecha	Firma funcionario responsable			136. Nombre																																																									
		2025 - 06 - 20				137. C.C. No.																																																									
Firma declarante			997. Espacio exclusivo para el sello de la entidad recaudadora (Fecha efectiva de la transacción)			980. Pago Total \$																																																									
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			Coloque el timbre de la máquina registradora al dorso de este formulario			996. Espacio para autoadhesivo de la entidad recaudadora (Número del adhesivo)																																																									
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105. Continuación descripción mercancías (Incluya marcas, seriales y otros)

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