My Children Muhomo	+55922129-2523	Signature SIN 03/14	6		Date	CONT	1201	Time	Date/	ALAMA A
Contact person	Phone, Fax or E-mail (required)	(the					Route No. 133 2 5			
Postcode/Zip Code (required)	Unless otherwise agreed in writing, thee agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between me'us and DHL and (1) such Terms and Conditions and, where applicable, the Warsaw Convention limits end/or excludes DHL's liability for loss, damage or delay and (2) this shippent does not contain cash or dangerous goods (see reverse).						Picked up by			
		Destination duties/taxes f left blank receiver pays duties/taxes Receiver Shipper Other Specify appreved account number 7 Shipper's agreement (Signature required)						No. :	Expires	
Monage Am		Destination duties/h	axes If left black	TYPE OF EXPORT Permanent Repair/Return Temporary				PAYMENT DETAILS (Cheque, Card No.)		
Kun Javari 1004-0.1CEP 600-15-110		Declared Value for Cu (as on commercial/proform	istoms na invoice)	Harmonised Commodity Code if applicable		CURRENCY	TOTAL			
Company name LG ELECTRONICE OO ERASIL LTDA . Delivery address (DHL cannot deliver to a PO Box)			d two copies of a	s Only (Customs Requirement) f a Proforma or Commercial Invoice Receiver's VAT/GST or Shipper's EIN/SSN			Insurance			
3 To (Receiver)			: TUZE1	All the second				Other		
Postcode/Zip Code (required) Phone, Fax or E-mail (required)		- TOTAL- 60	OIF. IXM	-10 19	12 ==			kg CHARGES Services		gr
Elle Clock C2 No. 12 96 A CELINCI		Full description Give content and qua ELECTROMICS	ntity	WTC TO	WEE:	e in the		DIMENSIONAL	CHARGEABLE,	
Address	1				_0	X	X	Globsimail Business	Standard	Other
LG INNOTER INDONESIA		_	1		@ @	×	X	Delivery Notificati		1.001.2001.501
Company name		- ks	9	Çir.	_@	×	X	Optional Services (e)	tra charges may s	
Shipper's reference (up to 32 characters	Total number of packages	Total Weigi	nt I	Dirr	nensions i gth Wid	1 cm	ECONOMY SEL			
Shipper's account number Contact name		4 Shipment deta					and dimensions	EXPRESS 10:00	RLDWIDE	
2 From (Shipper)							EXPRESS 10:30			
Shipment Insurance see reverse							Products (not all are	International Doc International Non evaluable to and fro	Document	
Charge to Shipper Receiver 3rd party Cash Payer Account No. Credit Card								8 Products	& Service	9 = 1
1 Payer account number and ins	Shipment Waybill (Non negotiable) urance details	3	519	285	6 3	30	JUT			
Track th	is shipment: http://www.dhl.com				Expiry 0	4/15	ORIGIN	DESTI	NATION COL	DE O

.