



Shipment Form

1 Payer account number and insurance details					4 Products & Services <small>(*Products not available to and from all location. Please go to http://dct.dhl.com to check on it.)</small>					
Charge to <input checked="" type="radio"/> Shipper <input type="radio"/> Receiver <input type="radio"/> 3rd Party					Type <input type="text"/>					
Payer Account No * <input type="text"/>					Product <input type="text"/>					
Shipment Insurance Required ? See					<input type="checkbox"/> Delivery Notification <input type="text"/> Please use *," if entering multiple email ID's					
<input type="checkbox"/> Yes Insured value <input type="text"/>					<input type="checkbox"/> Pre-alert Advisory <input type="text"/>					
2 From (Shipper)					5 Shipment details					
Shipper's Account Number *		Contact Name *			Pieces*	Piece Weight *	KGS	Length(CM)	Width (CM)	Height(CM)
<input type="text"/>		<input type="text"/>			1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shipper's Reference *					Total number of Packages : 1 Total Weight : Kg(s)					
<input type="text"/>										
Company Name *					6 Full description of contents					
<input type="text"/>					Give content and quantity *					
Country *					<input type="text"/>					
City *										
Address *					Postcode Suburb					
<input type="text"/>					<input type="text"/>					
<input type="text"/>					State <input type="text"/>					
<input type="text"/>					Phone * <input type="text"/>					
Federal Tax ID <input checked="" type="radio"/> CNPJ <input type="radio"/> CPF					IE/RG <input type="text"/>					
<input type="text"/>										
3 To (Receiver)					7 Non Document shipment only (Customs Requirements)					
Company Name					Shipper's VAT/GST number			Receiver's VAT/GST		
<input type="text"/>					<input type="text"/>			<input type="text"/>		
Country *					Declared Value for Customs (as on commercial/proforma invoice)			Harmonised Commodity Code (if applicable)		
City *					<input type="text"/>			<input type="text"/>		
Address *					(FTR) Exemption: <input type="text"/>					
<input type="text"/>					TYPE OF EXPORT <input checked="" type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Repair/Return					
<input type="text"/>					Destination duties/taxes					
<input type="text"/>					<input checked="" type="radio"/> Receiver <input type="radio"/> Shipper <input type="radio"/> Others <input type="text"/>			specify approved account number		
Contact Person *					8 Shipper's agreement					
<input type="text"/>					Unless otherwise agreed in writing, I/we 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 and/or excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods					
Federal Tax ID <input checked="" type="radio"/> CNPJ <input type="radio"/> CPF					<input type="checkbox"/> I Agree					
<input type="text"/>					Date: <input type="text"/>					
<input type="text"/>										