



## Shipment Form

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