

DANGEROUS GOODS NOTE

| | | | | | |
|---|----|--------------------------|---|--|-----------------------------|
| Exporter (shipper, consignor, sender) PJ Logistics France (Site Ouest) 9023F Rue du Champ Macret, 80700 Roye | | 1 | Customs reference/status | | 2 |
| | | 3 | Booking number | | 4 |
| | | 5 | Exporter's reference | | |
| | | 6 | Forwarder's reference | | 5 |
| Consignee Roman Fauvergue, Grande-Synthe, 59760, 38 Rue Des Marronniers, Appartement 301 | | 6 | DSHA Notification (in accordance with DSHA Regulations (as amended)) given by: | | 6A |
| | | | Shipper | Cargo agent | Transport operator |
| | | | | | Shipping line |
| Freight forwarder Transport mazet | | 7 | International carrier | | 8 |
| | | | For use of receiving authority only | | |
| Other UK transport details | | 9 | I hereby declare that the contents of this consignment are fully and accurately described below by the proper shipping name, and are classified, packaged, marked and labelled/placarded and are in all respects in proper condition for transport according to the applicable international and national governmental regulations and in accordance with the provisions shown overleaf. The shipper must complete and sign box 17. | | |
| Vessel and Port of loading | | 10 | TO THE RECEIVING AUTHORITY -Please receive for shipment the goods described below subject to your published regulations and conditions (including those as to liability). | | |
| Port of discharge and Destination | | 11 | | | |
| Shipping marks SPECIFY; the UN Number, the Proper Shipping Name*, the Class, the Packing Group. Additional information may be required depending on the mode and/or substance. | | 12 | Net weight (kg) of goods | 13 | Gross weight (kg) of goods |
| Electric Wheelchairs UN3480 Au total: 1 demies palettes | | | 48.000KG Au total: 48.000KG | 13A | Cube (m³) of goods |
| | | | | | 14 |
| *Proper Shipping Name -Trade names alone are unacceptable. | | | | 15 | Total gross weight of goods |
| CONTAINER/VEHICLE PACKING CERTIFICATE I hereby declare that the goods described above have been packed/loaded into the container/vehicle identified below in accordance with the provisions shown overleaf. THIS DECLARATION MUST BE COMPLETED AND SIGNED FOR ALL CONTAINER/VEHICLE LOADS BY THE PERSON RESPONSIBLE FOR PACKING LOADING. | | Name of Company | | Total cube of goods | |
| | | Name/Status of Declarant | | | |
| | | Place and date | | | |
| | | Signature of declarant | | | |
| Container identification number/vehicle registration number | 16 | Seal number(s) | 16A | Container/vehicle size and type | 16B |
| | | | | Tare (kg) | 16C |
| | | | | Total gross weight (including tare) (kg) | 16D |
| HAULIER DETAILS Haulier's name Vehicle reg. no. Driver's signature | | | DOCK/TERMINAL RECEIPT RECEIVING AUTHORITY REMARKS Received the above number of packages/containers/trailers in apparent good order and condition unless stated hereon. Receiving authority signature and date | | |
| | | | Name and telephone number of shipper preparing this note | | |
| | | | Name/status of declarant | | |
| | | | Place and date | | |
| | | | Signature of declarant | | |

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