

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 _____ | Exporter's reference _____ | |
| | | | | | Forwarder's reference _____ |
| Consignee Dieter Quil, Wasserburg am Inn, 83512, Anton-Woger-Strasse 2, | | 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. | | |
| | | 10A | | | |
| 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 44.000KG Au total: 44.000KG | 13 | Gross weight (kg) of goods _____ |
| Electric Wheelchairs UN3480 Au total: 1 demies palettes | | | | 13A | Cube (m³) of goods _____ |
| | | | | 14 | |
| *Proper Shipping Name -Trade names alone are unacceptable. | | | | | |
| 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 _____ | | 15 | Total gross weight of goods _____ |
| | | Name/Status of Declarant _____ | | Total cube of goods _____ | |
| | | 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 _____ | |
| | | | | 17 | |

HIBISCUS PLC

