

**DANGEROUS GOODS NOTE**

Exporter (shipper, consignor, sender) <b>1</b>		Customs reference/status <b>2</b>	
PJ Logistics France (Site Ouest) Roye, 80700, 31 Rue de Montdidier,		Booking number <b>3</b> <b>26040256</b>	Exporter's reference <b>4</b>
		Forwarder's reference <b>5</b>	
Consignee <b>6</b>		DSHA Notification (in accordance with DSHA Regulations (as amended)) given by: <b>6A</b>	
Valerio Del Giudice 39-3382848573 Brescia, 25126, Via Passo Aprica, 10, Scala A		Shipper	Cargo agent
		Transport operator	Shipping line
Freight forwarder <b>7</b>		International carrier <b>8</b>	
Transport mazet		For use of receiving authority only	
Other UK transport details <b>9</b>		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. <b>10A</b>	
Vessel and Port of loading <b>10</b>			
Port of discharge and Destination <b>11</b>		TO THE RECEIVING AUTHORITY -Please receive for shipment the goods described below subject to your published regulations and conditions (including those as to liability).	
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.		Number and kind of packages; description of goods <b>12</b>	Net weight (kg) of goods <b>13</b>
Electric Wheelchairs 3480 Au total: 1 demies palettes		Gross weight (kg) of goods <b>13A</b>	Cube (m <sup>3</sup> ) of goods <b>14</b>
		Au total: 32.600KG	
*Proper Shipping Name -Trade names alone are unacceptable.			
<b>CONTAINER/VEHICLE PACKING CERTIFICATE</b>		<b>15</b>	
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.		Total gross weight of goods	Total cube of goods
THIS DECLARATION MUST BE COMPLETED AND SIGNED FOR ALL CONTAINER/VEHICLE LOADS BY THE PERSON RESPONSIBLE FOR PACKING/LOADING.			
Name of Company			
Name/Status of Declarant			
Place and date			
Signature of declarant			
Container identification number/vehicle registration number <b>16</b>	Seal number(s) <b>16A</b>	Container/vehicle size and type <b>16B</b>	Tare (kg) <b>16C</b>
		Total gross weight (including tare) (kg) <b>16D</b>	
<b>DOCK/TERMINAL RECEIPT</b>		<b>17</b>	
<b>HAULIER DETAILS</b>		<b>RECEIVING AUTHORITY REMARKS</b>	
Haulier's name		Received the above number of packages/containers/trailers in apparent good order and condition unless stated hereon.	
Vehicle reg. no.		Name/status of declarant	
Driver's signature		Place and date	
		Signature of declarant	
		Receiving authority signature and date	
		Name and telephone number of shipper preparing this note	

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