

DANGEROUS GOODS NOTE

| | | | |
|--|---------------------------|--|------------------------------------|
| Exporter (shipper, consignor, sender) 1 | | Customs reference/status 2 | |
| PJ Logistics France (Site Ouest) Epinoy, 62860, E-Valley - epinoy, | | Booking number 3 26030089 | Exporter's reference 4 |
| | | Forwarder's reference 5 | |
| Consignee 6 | | DSHA Notification (in accordance with DSHA Regulations (as amended)) given by: 6A | |
| Yves Becker +33608998787 Villiers-en-Lieu, 52100, 3 Rue des Essarts. | | Shipper | Cargo agent |
| | | Transport operator | Shipping line |
| Freight forwarder 7 | | International carrier 8 | |
| Transport mazet | | 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 | | | |
| Port of discharge and Destination 11 | | 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 12 | Net weight (kg) of goods 13 |
| Multi-function A-shaped Extension Ladder Au total: 1 demies palettes | | Gross weight (kg) of goods 13A | Cube (m³) of goods 14 |
| | | 14. 300KG Au total: 14. 300KG | |
| *Proper Shipping Name -Trade names alone are unacceptable. | | | |
| CONTAINER/VEHICLE PACKING CERTIFICATE | | 15 | |
| 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 16 | Seal number(s) 16A | Container/vehicle size and type 16B | Tare (kg) 16C |
| | | Total gross weight (including tare) (kg) 16D | |
| DOCK/TERMINAL RECEIPT | | Name and telephone number of shipper preparing this note 17 | |
| HAULIER DETAILS | | RECEIVING AUTHORITY REMARKS | |
| 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 | |

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