



Shipper/Sender / Address / Contact

Receiver/Consignee / Address /Contact

Insurance / Liability

Name: Address: Phone Contact:	Name: Address: Phone Contact:	Is Insurance Required – YES / NO Evidence of value to be present: Liability Taken (Sailax): YES / NO Please circle above Initial _____
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MODE OF TRANSPORT — AIRFREIGHT OR SEAFREIGHT DATE :

Contents Packed: Value Declared for Customs _____	Sailax Use: Total Cost of Freight Accepted by Customer: NZD _____ Qty Of Pkgs _____
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Dangerous Goods Declaration/ Liability to the Airline: Does This Shipment Container ANY DG GOODS? - YES NO

IF YES, Dangerous Goods Certificate must be produced

Declaration: I hereby certify that I am aware of full contents of this shipment and accept SAILAX Shipping and Freight Forwarding Ltd.'s condition of trading and that the shipment particulars declared are correct and does not contain any Explosives or incendiary device or Dangerous Goods as classified accordingly to the applicable Dangerous Goods Regulation or that insofar as any part of this consignment is consists of Dangerous Goods such part is properly described by name with accompany Dangerous Goods Certification Document and is in proper condition of carriage by Air according to the International Air Transport Associations Restricted Articles Regulations. **All cargo is subjected to NZ Civil Aviation Authority Security clearance procedures. I HAVE READ AND UNDERSTOOD THE CONDITIONS OF ACCEPTANCE.**

Name:..... Signature IDDate

DDU SHIPMENT—



SAILIX
SHIPPING & FREIGHT FORWARDING LTD

Contact

547 Massey Road,
Mangere, Auckland
Phone: 09 257 2323
Fax: 09 257 2322

Mobile
021 884 489
021 024 60810

Email
info@sailix.co.nz
suresh@sailix.co.nz
marketing@sailix.co.nz

QTY

WEIGHT

MEASUREMENTS

VOLUME
Volumetric Calculation
(L X W X H)

