

SHIPPING DECLARATION

Shop 3, 2 Commissariat Road, Mt. Wellington, Auckland.
 Tel: +64 9 571 2013 Mobile: +64 22 5712013
 E-mail: operations@transcointernational.co.nz



SHIPPER / SENDER

Name: _____
(Print clearly using CAPITAL LETTERS)

Address: _____

Phone: _____

Email: _____

CONSIGNEE / RECEIVER

Name: _____
(Print clearly using CAPITAL LETTERS)

Address: _____

Phone: _____

Email: _____

(Name as per in Passport/National Identity Card)

IMPORTANT

1. Please ensure the packages are secured, nailed and taped properly.
2. Please write senders and receivers name (as per in Passport *National Identity Card*), and address very clearly on the packages.
3. Please fill this declaration form accurately.
4. Place the packages where pickup truck has clear access.
5. Call Transco and advise that the goods are ready for collection, for a collection date
6. Transco will take every care to dispatch your goods safely, but will not be liable for any loss, damage or delay in transit unless customer requests Marine Insurance cover, without which claims will not be accepted.
7. Most Customs offices close for lunch from 12.30 to 2.30 PM. For your convenience please avoid this time for clearance purposes.
8. **Weight must be within specified limit.**

Standard Package Sizes Tea Chest Half Tea Chest Gift Pack Box Mini Box Other _____

Total number of packages: _____

Declare all contents; do not include any firearms, dangerous goods or chemicals, or any prohibited items

MARKS & NO	PACKAGES		DESCRIPTION	WEIGHT KGS	MEASUREMENT CBM
	NO	TYPE			
TOTAL			TOTAL		

OFFICE USE ONLY

FREIGHT	DEPOSIT	DOOR DELIVERY	TOTAL DUE TO TRANSCO
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
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BL No _____ Receipt No _____

Collection Centre: _____

REMARKS

- Do you want your goods to be Insured? Y N
If yes please make a list of the items you would like to insure and the price it needs to be insured and hand it over with this document.
- Ps. If it is not marked then it will be taken as not applicable
- I declare that, firearms, dangerous goods, chemicals or any prohibited items are not in the contents.

NAME	SIGNATURE	DATE
<i>Name and Signature of Sender</i>		

Passport/ DL Number: _____