



Shipments to Italy, France, Germany, Spain, Portugal, Greece, Turkey, Egypt, Jordan, Israel, Cyprus, Malta, Cyprus, Malta, Cyprus, Malta

Shipment Air Waybill

Non-registered

REGION
 RESERVATION CODE

1. Payer account number and insurance details

Shipper
 Receiver
 Bill payer
 Cash
 Credit
 Credit Card

Payer Account No. **091-158945-85**

Shipper's insurance cap reserved
 No insurance in total amount **1200**



258-45695

2. Services

Insured
 Insured/Declared
 Insured/Declared/Signature
 Insured/Declared/Signature/Receipt

Signature
 Signature/Receipt
 Signature/Receipt/Signature

Other: _____
Other services to be specified on separate sheet

3. From (Shipper)

Shipper's account number **250-65535** Contact name _____

Shipper's telephone (area code and number) _____ Fax number _____

Company name _____

Delivery address _____

Postcode **12205** Country _____

Contact person _____ Please, cover B-staff (required) _____

4. Shipment details

Total number of packages	Weight (kg)	Dimensions in cm (L x W x H)	Height (cm)

5. Non-Document Shipments Only (Customs Requirement)

Attach the original and/or copies of the following documents:

Shipper's TRUST number _____ Receiver's TRUST or Shipper's TRUST _____

Merchant Order for Customs (for commercial goods)
 Authorized Consignee Code if applicable

TYPE OF EXPORT
 Permanent
 Repair/Return
 Temporary

Receiver
 Shipper
 Other _____

6. Shipper's agreement (Signature required)

I hereby certify that the information provided is true and correct, and that I am authorized to ship the goods described herein. I agree to indemnify DHL for any loss or damage to the goods or to the aircraft, and to hold DHL harmless from any claims, damages, costs and expenses, including reasonable attorneys' fees, which may be incurred by DHL as a result of my shipment.

Signature _____ Date / / _____

7. ONLY SECTION FOR DHL USE ONLY

CURRENCY	TOTAL

TRANSPORT COLLECT STICKERS _____

PARCEL DETAILS (Check one)

No. _____ Type _____ Expires _____

Filed date _____

Reply No. _____

Time _____ Date _____

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