

Please complete and return to sender.

|  |  |  |
| --- | --- | --- |
| **Shipper Name** | |  |
| **Shipper Address** | **Line 1** |  |
|  | **Line 2** |  |
| **Town/City** |  |
| **Post Code** |  |
| **Country of Origin** | |  |
| **EORI Number (Shipper)** | |  |
|  | | |
| **Consignee Company Name** | |  |
| **Address** | **Line 1** |  |
|  | **Line 2** |  |
| **Town/City** |  |
| **Post Code** |  |
| **EORI Number (Consignee)** | |  |
| **Contact Name** | |  |
| **Contact Telephone Number** | |  |
| **Country of Final Destination** | |  |

**Consignment Details:**

|  |  |
| --- | --- |
| **Number of Packages** |  |
| **Description of Goods** |  |
| **Gross Weight** |  |
| **Net Weight** |  |
| **Volume (CBM)** |  |
| **Value (Detailing Currency)** |  |
| **Incoterms** |  |

**Commodity Code(s) & Breakdown:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **HS Code** | **No. Of Pieces** | **Gross Weight** | **Net Weight** | **Value (£)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |