

SHIPPING DECLARATION

46, Mead Court, Buck Lane Kingsbury,
London NW9 0XN UK
Tel: 0203 371 1272 Fax: 0208 732 2906



SHIPPER / SENDER
CONSIGNEE / RECEIVER
NOTIFY PARTY

Family Name: _____

Given Name: _____

Address: _____

Home: _____

Family Name: _____

Given Name: _____

Address: _____

Home: _____

Family Name: _____

Given Name: _____

Address: _____

Home: _____

1. Please ensure that Packages are secured, nailed and/or taped as appropriate
2. Please write Sender/Shipper and Receiver/Consignee Names (same as in Passport and National Identity Card) and address every Package correctly & clearly
3. Please fill this Declaration Form accurately in BLOCK letters
4. If your Packages are to be picked-up by Agilogix, please place the Packages where the pick-up truck has clear access to do so and call Agilogix and advise them that your Packages are ready for pick-up, prior to shipment cut-off date
5. If you are dropping your packages to the designated Agilogix drop-off point, please call Agilogix and confirm date of drop-off and ensure that you receive accurate instructions that need to be followed for drop-off
6. Please have Payment ready at the time of collection/pick-up or, in the case of you dropping off your Packages to Agilogix designated drop-off point, please ensure that you have the Payment with you when you take your Packages to the respective Location
7. Agilogix will take every care to despatch 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
8. Most Customs Offices close for Lunch from 12.30 to 2.30pm. Please check working hours & avoid going for clearance during this time
9. Weight must be within specified Limit
10. Goods must be removed from Clearance Warehouse by the Receiver/Consignee within the stipulated/permitted period of Free Storage Time

MARKS & NOS		DESCRIPTION OF ITEMS (Declare all contents)		VALUE (£)
		TOTAL		

Standard Package Sizes/Type 1/2 CBM 1/3 CBM 1 CBM 1 1/2 CBM Tea Chest Gift Box Other

OFFICE USE ONLY

FREIGHT CHARGES	PICKUP	DISCOUNT/ COMMISSION	TOTAL DUE TO AGILOGIX
<input style="width: 80%;" type="text"/> (+)	<input style="width: 80%;" type="text"/> (-)	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/> =

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 at which Items need to be insured and hand it over with this document
- I declare that Firearms, Dangerous/Flammable Goods, Chemicals or any Prohibited Items are not included in the Contents

NAME	SIGNATURE	DATE
Name and Signature of Declarant		

Ps. If it is not marked then it will be taken as not applicable



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B / L No: Ref No:
Date:

Received GBP for Packages/s

**Please Quote given Reference No regarding your packages*