

WHITE SECTIONS ARE MANDATORY. PLEASE COMPLETE IN CAPITALS AND PRESS HARD.

1. **Sender's Account Number**

1 2 3 4 5 6 7 8 9

2. **Invoice to Receiver**

SENDER LIABLE FOR UNPAID CHARGES

Cross box and provide receiver's account number →
or call Customer Service for correct account details

3. **Customer Reference** (Information you would like on the invoice (if required))

Dispatch 511

4. **From (Collection Address)**

Name: _____

Address: _____

City: **Muttenz** ⑥ Postal / Zip Code: _____

Province/Region: _____ Country: **Switzerland**

Contact Name: _____ Tel No: _____

5. **To (Receiver)**

Name: _____

Address: _____

City: **Tokyo 125** Postal / Zip Code: _____

Province/Region: _____ Country: **Japan**

Contact Name: _____ Tel No: _____

6. **Delivery Address** (If different from receiver's address above)

Name: _____

Address: _____

City: _____ Postal / Zip Code: _____

Province/Region: _____ Country: _____

Contact Name: _____ Tel No: _____

7. **Dangerous Goods** (Cross correct box)

Does this consignment contain any dangerous goods? Yes No

CHARGE OF THE CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE WHICH LIMIT TNT'S LIABILITY. ALL ACCORDANCE WITH THE AGENSY CONVENTION AND THE CIP. IF NO SERVICE OR INVOICE OPTION IS SELECTED THE PASTED AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER & LIABLE FOR UNPAID CHARGES.

Your Signature: _____ Received by TNT (to be completed by TNT)

Date: **19/02** (Day/Month/Year) Time: **16:45**



GD 629395460 WW

Please quote this Number if you have an enquiry

8a. **Services** (Cross one box only to select a Service)

Special Express
 9:00 Express
 12:00 Express
 Global Express
 Economy Express
 National Express

Documents
Non-Documents

8b. **Options** (Cross boxes)

Priority
For Global and Economy Express
Provides priority treatment from pick up to delivery and proof of delivery if required

Insurance
For Insurance cover if required See item 11 on reverse side of consignment note.

Currency Please provide insurance details

Insured Value

Please refer to our brochure for details of available Services or call Customer Service

9. **Special Delivery Instructions** (Reserved for your instructions (if required))

5

10. **Goods Descriptions** (If dutiable please complete section 11)

| General description <small>Please put full details on commercial invoice</small> | Number of Items | Weight | | Dimensions | | |
|---|-----------------|--------|-------|------------|--------|-------|
| | | Kilos | Grams | Length | Height | Width |
| | | | | | | |
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| | | | | | | |
| Stat. No. | Total | | | | | |

Comignment subject to volumetric measurement
Please refer to our brochure or call Customer Service

11. **Dutiable Shipment Details** (Complete for dutiable consignments)

Receiver's VAT / TVA / BTW/ MWST No.

SENDER'S COPY
Please keep for Reference