

**CHANNEL
SEAWAYS**

FOR CUSTOMS USE ONLY

Invoicee full name and address:(This is the Company/Person <u>paying for the shipping</u>)	
Telephone	
Email	Please provide, so we can email invoice
Exporter's full name and Address: (This is the Company/ Person <u>supplying the goods</u>):	
Telephone	
Email	
Importer's full name and address: (This is the Company/Person that is <u>the end receiver of the goods</u>)	
Telephone	Please provide or we can't contact the customer for delivery/collection
Email	

This form is required by customs in order to clear your goods. Please complete fully and legibly.

IT MUST BE SIGNED BY YOU OR YOUR REPRESENTATIVE

Incomplete information may delay shipment of your goods and there are severe penalties for making a false declaration.

It is your responsibility to correctly declare all dangerous goods according to the requirements of the Merchant Shipping (Dangerous Goods) Rules, 1952

Any questions regarding this form should be submitted to questions@alderneyshipping.com or 01481 721515

No. Of Pkgs	Type of Pkgs	Description of Goods	Gross Wt kgs	Volume (M³)	Value £	Country of origin

PLEASE NOTE THAT WHEN DELIVERING GOODS TO THE PORTS, PPE AND PHOTO ID WILL BE REQUIRED

CUSTOMS DECLARATION		Y / N
1. Are the goods in free circulation in the UK/Channel Islands/Isle of Man?		
2. Are the goods in transit or transshipment through the United Kingdom?		
3. Are the goods ex U.K. bond?		

	Door/Door		Door/Quay		Quay/Quay		Quay/Door
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DO YOU REQUIRE INSURANCE?			
NB THIS IS AN ADDITIONAL CHARGE			
YES		NO	
Value of goods		£	
Email:			

*I/We declare that the goods described above are community goods:

I/We request Channel Seaways Ltd. (the company) to carry the above mentioned consignment which expression shall mean the above vehicle/trailer and goods as above laden therein (or thereon).

I/we instruct Channel Seaways Ltd. To act as my/our agent for the completion and presentation of all documents relating to the movement of these goods.

I/We accept the conditions of carriage.

Signature of Shipper or Authorised Representative

Print name in BLOCK CAPITALS

Date _____

PLEASE ATTACH INVOICES IN DUPLICATE FOR CUSTOMS CLEARANCE PURPOSES

