## C eurosender Packing list template and guidelines

3. Insert shipment/purchase reference numbers, dates, and

The packing list layout is not strictly regulated or standardised. What matters most is that the information you provide is accurate and adequate.

							type of packaging used.			
						DA OKINI O LIOT				
<ul> <li>Descripte the full second.</li> </ul>				mpleted in		PACKING LIST	Page <u>1</u>	of		
1. Provide the full name,			t Trading Co	mpany (ETC		Ship Date:				
address and contact details	Tax ID#: C				GB339772115	29 May 2023				
of the <b>shipper/exporter</b>			mas White 656978972	S		Air Waybill No. / Traci	Air Waybill No. / Tracking No.			
of the shippenexperter			temple.com			5030769203				
	Company			ei.		Invoice No.:	Purchase Order No.:			
	0053210020202055			n Dond Co	sport, Hampshire, PO12	INV-23-05-007	PO496502			
	remple i	Linnea, i	U Tewkesbu	iy Rodu, Gu	sport, nampsnite, PO12	Payment Terms:	Bill of Lading:			
						EOM	MSC17392633			
						Package Type:				
				311/		Pallet, crate				
			Inited Kingd	om		All second and a second				
2. Provide the full name,	CONSIGNE Tax ID#:	EE: Jame	s Fisher				Special Instructions:			
address and contact details of			as energy		• FR43977211586	The products are pa	acked on one pallet and contained within one crate.			
			nes Fisher 655490024							
the consignee/importer			r@lepetitjard							
	Company									
				glais, Bordea	www. 99000					
	Le Peur	Jarum, 25	The des will	jiais, buiuea	aux, 33000					
	Country/Te	uritora F								
			1	1	r	-		-		
	No. of Packages	No. of Units	Net Weight (LBS/KGS)	Unit of Measure	- /	Description of Goods	s (Part #, Serial #, etc.)	Country/Terr. of MFR		
	in the second second			100 10 100	No. of the second se			1.112		
	1	30	40	Metric	Hand-made walking sti	cks (HSC: 66020000)		UK		
5. Accurate details on how										
products are packaged. *										
	1	120	175	0.000				It		
		120	1/2	Metric	Garden umbrellas (HSC: 66011000)					
					(130.00011000)					
	_									
	1			-						
				1						
	· · · · · ·							1		
				0						
			-			6.1. To indic	ate that the shipping marks on	the		
						nackaging a	are accurate and consistent, you			
							a note stating that the Marks a			
								anu		
6. Fill in the <b>total number</b> of						Numbers a	re "fully addressed".			
	-									
packages and units, and	Total	Total	Total Net	(Indicate	Total Gross (Indicate	Marks and numbers are fully add	dressed	17		
sum up the total net weight	Pkgs	Units	Weight	LBS/KGS)	Weight LBS/KGS)	and the second sec				
of the shipment.	2	150	215	kg	350 kg					
	I declare ti				his packing list to be true a	ad correct.				
						completed on behalf of a company or i	Individual:			
					-					
7. Add a signature and										
	· · · · · · · · · · · · · · · · · · ·									
stamp at the bottom of the	Signature	/ Title / Dat	te:							
document.										

\*The packing list format may differ depending on the type of shipment and packaging used.

The main section of the Packing List template should consist of the following critical packing information:

- Each box/pallet/crate and the dimensions (length x width x height)
- The gross weight (metric) of each unit
- The net weight (metric) of each unit
- A detailed description of the content, including HS codes
- Country of manufacture, which may differ from the country of shipment.

\*\*Please be aware that the information in this document is provided as a guideline. Users must exercise caution and diligence when creating the packing list for accuracy and completeness. Review and verify all information before submitting to avoid errors or delays.

This Pack	ding List r	nust be co	mpleted in E	English. PACK	KING LIST	I	Page	1	of
EXPORTE					Ship Date:				
Tax ID#: S	ELECT DOV	VN ARROW FO	OR OPTIONS						
Contact Na	ame:				Air Waybill No. / Tracking No.				
Telephone	No.:								
E-Mail:					Invoice No.:	Purchase Order No.:			
Company	Name/Addr	ess:			Invoice No.:	Purchase Order No			
					Payment Terms:	Bill of Lading:			
					Package Type:				
Country/Te	erritory:								
CONSIGNE	E:				Special Instructions:				
Tax ID#: S	ELECT DOV	VN ARROW FO	OR OPTIONS		27				
Contact Na									
Telephone	No.:								
E-Mail:									
Company	Name/Addr	ess:							
Country/Te	erritory:							20	
No. of No. of Packages Units		Net Weight (LBS/KGS)			Description of Goods (Part #, Se	rial #, etc.)			ountry/Terr. of MFR

				_					
_									
c	a a								
Total	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)				
Pkgs	UTILS	weight	Ebontooj	weight	Ebointooj				
0	0	0							
I declare that all the information contained in this packing list to be true and correct.									
Originator or Name of Company Representative if the packing list is being completed on behalf of a company or individual:									
Signature / Title / Date:									



Jan Štefe

## "Your shipment is in good hands"

Our team of experts is by your side every step of the way until your delivery is successful! We work hard to provide you with the best, stress-free shipping experience. Don't hesitate to contact our customer support team for any questions.

Contact us

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