

EXPORT INSTRUCTIONS

PLEASE NOTE, IF YOU HAVE ALREADY COMPLETED AN ONLINE BOOKING,
YOU DO NOT NEED TO COMPLETE PAGE ONE OF THIS FORM.

Sender's Details

Name: _____
 Address: _____

 City: _____
 Post Code: _____
 Country: _____
 Tel: (daytime) _____ Skype Name: _____
 Mobile: _____ Skypein Number: _____
 E-mail: _____

Receiver's Details

Name: _____
 Address: _____

 City: _____
 Post Code: _____
 Country: _____
 Tel: (daytime) _____ Skype Name: _____
 Mobile: _____ Skypein Number: _____
 E-mail: _____

Collection Address (if different from above)

Name: _____
 Address: _____

 City: _____
 Post Code: _____
 Country: _____
 Tel: (daytime) _____
 Mobile: _____
 E-mail: _____
 Date of collection: _____ Time of collection: _____

Shipment Details

From Airport:	_____
To Airport:	_____
Service:	<input type="checkbox"/> To Airport <input type="checkbox"/> To Door
Collection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Level:	<input type="checkbox"/> Economy <input type="checkbox"/> Express
Total Weight: (kg)	_____
No. of Pieces:	_____

* Shipments sent "To Airport" must be collected within 24 hrs of arrival to avoid incurring storage fees.

** For "To Door" services, someone must be available at the delivery address from 9-5pm, Monday to Friday

- Please tick this box to say that you agree to be bound by the UBI Worldwide Ltd Terms and Conditions.
- Please tick this box to say that you acknowledge that our "To Airport" Service **DOES NOT INCLUDE ADDITIONAL CHARGES** such as airline handling, customs or storage fees, import duties or VAT (if any) at the airport of destination and that our 'To Door' service does not include any customs fees, quarantine fees, storage fees or import duties at destination.

Signature: _____

Date: _____

Special Instructions:

Do any items being shipped require a "CITES" permit? Yes No
Are any items eligible for Tourist "Tax" Free status? Yes No (Only Applicable to certain countries)

Items must be highlighted on packing list.

Marketing Information:

Please help us to better tailor our marketing programme by telling us how you heard of us:

Were you referred to us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, how were you referred to us?	<input type="checkbox"/> Airline	<input type="checkbox"/> Travel Agent	<input type="checkbox"/> Other
If Airline or Travel Agent, which one:	_____		
If Travel Agent, which branch:	_____		
If Travel Agent, name of Travel Consultant:	_____		
If Other, please tell us how you heard of us:	_____		

UBI Worldwide and U-BAG INDEMNITY for Fragile or Breakable Items

Identification/passport number _____

residing at (physical address) _____

confirm that the fragile and breakable items that forms part of my personal effects shipments have not been professionally packed by a recognised and approved Household Removal packer, and that I do hereby, for myself, my heirs, executors and assigns, indemnify and hold harmless, UBI Worldwide/U-bag Limited and/or its appointed Agents, also known as U-bag against all and any claims, loss and/or damage which may result during the transit of my shipment to its final destination.

I acknowledge that one of UBI Worldwide's terms and conditions of carriage is that all goods of a fragile nature must be professionally packed by a recognised and approved packer of household goods and personal effects. I acknowledge that UBI Worldwide/U-bag will only accept personal responsibility for damage or loss of the fragile goods that are professionally packed by a recognised and approved packer of household goods.

I acknowledge that it is on the basis of this indemnity that I agree that my personal effects can be transported by UBI Worldwide/U-bag South Africa without a certificate or invoice to verify that my goods have been professionally packed.

DATED AT _____

THIS _____ DAY OF _____ 20 _____

SIGNED: _____

DANGEROUS GOODS DECLARATION

Please complete this form to assist with declaring whether there any dangerous goods packed within your Unaccompanied Baggage.

Please **tick yes or no** to declare if any of the following items are packed in your consignment?

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Fireworks, ammunition, firearms or explosives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Cylinders of compressed air, oxygen or liquid petroleum, Gas (LPG) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Aerosol cans (e.g. deodorant, shaving cream, hairspray, paints etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Nail Polish, colognes, perfumes, paint, fuel or paint thinners. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Diving Equipment – Including torches (diving lamps) or soldering irons. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Dry Ice, specimens, samples or perishables. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Detergents, bleaches, drain or oven cleaner. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Fiberglass repair kits, adhesives and puncture repair kits. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Medicines containing alcohol. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Any type of chemical and pesticide. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Machinery with internal combustion engines such as chainsaws, Lawn mowers, garden trimmers. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Batteries of any kind, if yes please specify type:
Type of Battery _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Speakers of any kind. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Magnets. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | Foodstuff of any kind. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please Note: The above list is not exhaustive. You must also declare if any Dangerous Goods not listed above are contained or present in your consignment.

- I understand that the consignment will be security screened and x-rayed.
- I understand that in the event of identification of any suspicious item in the consignment (or any of its contents) the Freight Security Officers and employees of Airline Express Products (U-Bag) have my express permission to access or open the consignment.
- I understand that if the consignment is unable to be accessed or opened for any reason, U-Bag will not carry the consignment.
- I accept that anything which is prohibited from carriage or reason of safety may be removed and disposed of by U-Bag.

If you are unsure whether an item you are sending is classified as Dangerous Goods please ask us for assistance.

Heavy penalties (including imprisonment) apply to shippers who not declare Dangerous Goods in any item or article presented to an airline.

Shipper's Name _____

Shipper's Signature _____

DETAILED PACKING LIST

BAGGAGE / BOX NO: _____
Description of items:

Value
(state currency):

BAGGAGE / BOX NO: _____
Description of items:

Value
(state currency):

BAGGAGE / BOX NO: _____
Description of items:

Value
(state currency):

BAGGAGE / BOX NO: _____
Description of items:

Value
(state currency):

I declare that this information is correct:

Signature: _____

Print Name _____

DETAILED PACKING LIST

BAGGAGE / BOX NO: _____
Description of items:

Value
(state currency):

BAGGAGE / BOX NO: _____
Description of items:

Value
(state currency):

BAGGAGE / BOX NO: _____
Description of items:

Value
(state currency):

BAGGAGE / BOX NO: _____
Description of items:

Value
(state currency):

I declare that this information is correct:

Signature: _____

Print Name _____

SECURITY DECLARATION FORM

Part One: To be completed by owner of the consignment

I.D./Passport No:	
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I _____, as the owner of items listed on the attached inventory declare that:

1. I am the owner of all the items listed.
2. Nothing in this shipment could have been modified or tampered with prior to packing.
3. There are no items in the shipment that are being carried for or to another person.
4. The electrical items listed on the inventory are incapable of operation without the addition of a power source and I have removed all batteries / power packs.
5. I have read the list of dangerous or restricted articles and confirm none are packed in this shipment.
6. I was present during the packing of the items listed.
7. Only the items listed on the inventory were packed.
8. Nothing could have been added during packing.
9. No dangerous or restricted articles were packed.

Part Two: To be completed by the agent

Air waybill No.	
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I _____, the agent for this shipment declare that:

1. No item could have been added whilst the shipment was in my care.
2. During the transportation the consignment was carried in a closed locked vehicle or escorted two people including the vehicle driver.
3. I have seen valid identification of the shipper and the details in part one are correct.

Signature of Customer	UBI Worldwide/U-bag Stamp & Signature

Customs Clearance Hours – Guideline

1. Australia – Monday to Friday: 09h00 – 16h30
2. New Zealand – Monday to Friday: 08h30 – 16h30
3. USA – Monday to Friday: 08h30 – 16h30
4. Canada – Monday to Friday: 08h30 – 16h30
5. All other destinations vary from country to country

Some airports (including the above mentioned) may vary, it is the receiver’s responsibility to look into the clearance hours.

U-Bag unfortunately does not plan arrivals according to customs clearance hours at destination as arrival may occur over weekends.

Any storage incurred due to airline arrival days, airline delays and any customs related issues are beyond our control and will be for the receivers account.

PAYMENT DETAILS

I hereby authorise UBI Worldwide/U-bag to debit my credit/debit card account:

Type of card:	<input type="checkbox"/> VISA	<input type="checkbox"/> Master
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CVC number:	<input type="text"/> <input type="text"/> <input type="text"/>	Valid From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>(switch only) (mm/yy)</small>
Expiry Date:	<input type="text"/> <input type="text"/> <input type="text"/> <small>(mm/yy)</small>	Issue No: <input type="text"/> <small>(switch only)</small>
Amount:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
Currency:	<input type="checkbox"/> ZAR	<input type="checkbox"/> EUR
	<input type="checkbox"/> GBP	<input type="checkbox"/> USD
Name on Card:	_____	
Address:	_____	

Signature:	_____	Date: _____

For payment by cash or bank transfer please contact our office. Please email this form to info@u-bag.com