


1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI)(Complete name and address)		2. DATE OF EXPORTATION	
		3. TRANSPORTATION REFERENCE NO.	
b. USPPI'S EIN (IRS) OR ID NO.		c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related	
4a. ULTIMATE CONSIGNEE (Complete name and address)		 P.O. Box 2624 So. San Francisco, CA 94083-2624 Phone: 650-872-8400 FMC 3268 Fax: 650-872-1790	
b. INTERMEDIATE CONSIGNEE (Complete name and address)			
5a. FORWARDING AGENT (Complete name and address)		SHIPPER MUST CHECK <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT C.O.D. \$ _____ <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS ASSIGNED <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/>	
5b. FORWARDING AGENT'S EIN (IRS) NO.		<input type="checkbox"/> DELIVER TO	
8. LOADING PIER (Vessel only)		SHIPPER REQUESTS INSURANCE <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____	
9. METHOD OF TRANSPORTATION (Specify)		6. POINT (STATE) OF ORIGIN OR FTZ NO.	
10. EXPORTING CARRIER		7. COUNTRY OF ULTIMATE DESTINATION	
11. PORT OF EXPORT		14. CARRIER IDENTIFICATION CODE	
12. PORT OF UNLOADING (Vessel and air only)		15. SHIPMENT REFERENCE NO.	
13. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. ENTRY NUMBER	
20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24)		17. HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. IN BOND CODE		19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> Yes <input type="checkbox"/> No	

D/F or M	SCHEDULE B NUMBER	QUANTITY SCHEDULE B UNIT(S)	SHIPPING WEIGHT (Kilograms)	VIN/PRODUCT NUMBER/VEHICLE TITLE NUMBER	VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold)
(21)	(22)	(23)	(24)	(25)	(26)
				SHIPPER'S REF. NO. _____ DATE _____	
				DECLARED VALUE FOR CARRIAGE \$ _____	

27. LICENSE NO./LICENSE EXCEPTION SYMBOL/AUTHORIZATION		28. ECCN (When required)		DOCUMENTS ENCLOSED:	
29. Duly authorized officer or employee		The USPPI authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.			
30. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the "Correct Way to Fill Out the Shipper's Export Declaration." I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).					
Signature		Confidential Shipper's Export Declarations (or any successor document) wherever located, shall be exempt from public disclosure unless the Secretary determines that such exemption would be contrary to the national interest (Title 13, Chapter 9, Section 301 (g)).		SPECIAL INSTRUCTIONS:	
Title		Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.			
Date		31. AUTHENTICATION (When required)			
Telephone No. (Include Area Code)		E-mail address			

SUBJECT TO NOVO EXPRESS INTERNATIONAL TERMS & CONDITIONS

NOTE: The Shipper or his Authorized Agent hereby authorizes the above named Company, in his name and on his behalf, to prepare any export documents, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment.