

**SHIPPER SELF – DECLARATION FORM**

Date:

To:

Name of Sales Partner:

Address:

As a Shipper of shipment bearing DHL Awb# \_\_\_\_\_ I hereby declare that the Medicines being shipped to Mr./Ms. \_\_\_\_\_ to \_\_\_\_\_ (Recipient Name and address) are permissible for carriage to the destination country as per the prevailing statutory regulations and are also not mentioned in the Narcotic Drugs and Psychotropic Substances Act list by generic name or any trade name and it can be legally exported out of India.

I / We declare that we have given accurate and up-to-date contact information in the waybill and shipment documents, including name, address, telephone/mobile number and email address. KYC documents are true and verifiable with original KYC documents. I / We are fully aware that if Shipment related information are found to be incorrect or misleading, I/We will take complete responsibility and will cooperate in any incident of reported violation and legal proceedings as per law.

I/We further agree and give consent for the disclosure of all information and documents related to my KYC, when required for verification.

Company Stamp:  
(if Shipper is company)

Authorised signatory  
Name:  
Designation