

Customs Declaration Form - Commercial Invoice

Please use the above space for company letterhead

All fields MUST be completed. Assistance from PHC can be given for sections 4 and 5. FOUR copies of this Commercial Invoice must accompany the consignment note. The value and description of the goods must also be recorded on the accompanying consignment note.

Failure to complete or copy the Commercial Invoice may result in shipment delays

Part A

Ship to: Company Name	
Delivery Address (No Po Boxes)	
Town / City	
State (If Applicable)	
Zip / Postal Code	
Contact Name	
Contact Phone Number	
Email Address	

Consignment Tracking Number		Carrier	Post Haste Couriers and/or Toll Priority
Number Of Pieces		Contact/Agent	Post Haste Couriers - Phone 0800 828 106
Total Weight (Kg)			

Full Description Of Goods:	No. Of Items	Unit Value	Total Value For Customs

Export Tariff Code:	Customs Client Code:	Total Value:
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Part B

Origin Of Goods (Country)	
Reason For Export (Circle)	Sale / Repair and Return / Promotional Item / Gift / Other (Please specify)

I declare the contents of this consignment as highlighted above are verified, that they have not been tampered with by any other person since packing and that they have been conveyed in a secure manner to these premises. I declare that all information herewith is accurate and is a true and correct record of the contents begin shipped on the commercial invoice/customs declaration. I also declare that the consignment does not contain any hazardous material

Name / Address of Shipper	
Name	
Signature	
Date	

Declaration for Preference Rates of Duty (Only complete if goods were manufactured in New Zealand)			
I declare that:			
a) The last process in the manufacture of the goods described above was performed in New Zealand			
b) No less than 50% of their total cost is represented by the sum of the allowable expenditure of the factory on materials, labour and overheads and the cost of inside containers of New Zealand or of Australia and New Zealand			
For and on behalf of the above named Company:			
Name (Printed)		Signature	
Position In Company		Date	