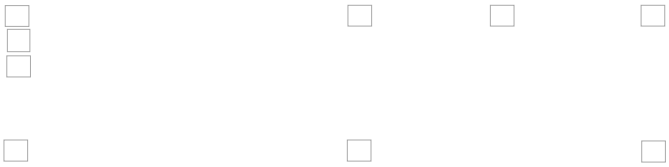

To be filled out by the consolidator
MBL/MAWB Number:_______________________
Tracking Number:_________________________

B. PHILIPPINE BASED RECIPIENT

Family Name *	Given Name *	Middle Name *	Suffix *

Contact Number/s*:	Email Address, If any *:

Complete Philippines Address *:

Relationship to Sender (by affinity or consanguinity): (Check one (1) box only)

☐ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ Sibling of Parent ☐ 1st Cousin ☐ Niece/Nephew ☐ Grandparent
☐ Sibling of Grandparent ☐ Grand Niece/Nephew ☐ Grandchild ☐ Great Grandchild ☐ Great Grandparent

C. ITEMIZED DESCRIPTION OF GOODS*

(Please declare separately new and old goods. Use Additional if necessary and each additional sheet Should also be signed by the Sender)

Box_____ of ______

Quantity	Unit of Measure[11]	Goods of Description	Please mark ☑		Actual or Estimated Value (Philippine Peso)
			New	Used	
			TOTAL VALUE		**Php** 0.00

LIPSTRANSPORT LLC

Declaration

I declare, under the penalties of falsification, that this Information Sheet has been made in good faith and to the best of my knowledge and belief, is true and correct pursuant to the provisions of the Customs Modernization and Tariff Act of the Philippines and its implementing rules and regulations

____
Sender Signature over Printed Name
Date Accomplished: __ / __ / ____
mm dd yyyy