



www.3jvarietystore.com

(a division of 3J Variety Store Ltd.)  
Established in 2014

Drop off location:  
3J Variety Store Ltd., 10821 - 23 Avenue

Pick up: (780) 440-4282, ext. 3  
Email: 3jbusinesses8@gmail.com  
pilipinostore@shaw.ca

Reference: **SC**

Shipment Code: \_\_\_\_\_

Box No.: \_\_\_\_\_

Date: \_\_\_\_\_

### SENDER'S INFORMATION

NEW

REPEAT

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

### RECIPIENT'S INFORMATION

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PACKING LIST (Itemize contents)

2014-03

#### TERMS AND CONDITIONS

As the true owner & shipper, I do hereby declare that the goods & items declared herein are the true contents of this shipment. I also declare that there are no prohibited drugs, firearms or illegal items in my shipment. I also take full responsibility & relieve its Agent & their Philippine representative of any liabilities for any misdeclaration or irregularities that the origin & destination authorities may deem wrongful in my shipment. I understand very well their explanation on the maximum liability to my shipment. I agree & accept their explanation that their maximum liability to my shipment must not exceed the amount I paid for the freight charges and I was told of the option to buy additional insurance protection for my shipment. I DO HEREBY ATTACH MY INITIAL TO ATTEST THAT THIS WAS FULLY EXPLAINED TO ME AND I FULLY UNDERSTAND THEIR EXPLANATION.

Likewise, I take full responsibility for breakages, damages, spoilage & spillage due to improper packing. I also understand that this shipment is subject to 100% customs inspection in the Philippines. I am also aware & was informed that shipping schedules & transit times may change without notice. I DO HEREBY DECLARE THAT I HAVE READ THE ABOVE FULLY & UNDERSTOOD THE EXPLANATION ABOUT THE FOREGOING TERMS & CONDITIONS THAT GOVERN MY SHIPMENT. TO THIS EFFECT I DO ATTACH MY SIGNATURE AS AN ACCEPTANCE OF THE FOREGOING TERMS & CONDITIONS.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Received By: \_\_\_\_\_

Charges: \$ \_\_\_\_\_

Insurance Coverage: \$ \_\_\_\_\_



Box(s): x \_\_\_\_\_

Declared Value: \$ \_\_\_\_\_

on site

TOTAL: \$ \_\_\_\_\_  
G.S.T. INCLUDED

Estimated Loading Date: \_\_\_\_\_

Reference: **SC**

