



PLEASE COMPLETE AND RETURN THIS DOCUMENT BY EMAIL TO [contact@sth-hipavia.com](mailto:contact@sth-hipavia.com) OR BY FAX TO: +33344212277

**PROPOSED DATE OF SHIPMENT:** \_\_\_\_\_

Departure						Arrival				
1	Name of Horse(s) or Sire/Dam if unnamed	Year of Birth:	Colour:	Breed:	Sex:	Method of Import (Perm/Temp/Return)	Current Location & Contact Name:		Phone number:	Email/Fax Number:

2	Sale Price or Market Value /currency	Cost of Insurance Policy(if applicable)	Do you hold evidence to support this value? (please circle)	
			YES	NO
			YES	NO
			YES	NO

<b>4</b>	<b>NAME &amp; ADDRESS OF PERSON/COMPANY RESPONSIBLE FOR PAYING THE FREIGHT ACCOUNT:</b>		
<b>Name:</b>		<b>Address:</b>	
<b>Phone:</b>		<b>Email/Fax:</b>	

<b>5</b>	<b>NAME &amp; ADDRESS OF PERSON RESPONSIBLE FOR PAYING CUSTOMS DUTIES ON ENTRY</b>		
<b>Name:</b>		<b>Address:</b>	
<b>Phone:</b>		<b>Email/Fax:</b>	

<b>6</b>	<b>FINAL DESTINATION:</b>		
<b>Name:</b>		<b>Address:</b>	
<b>Phone:</b>		<b>Email/Fax:</b>	

**INSURANCE DETAILS:** Transit insurance is not included within the airfreight charges. Please inform us whether you would like to take out an insurance policy so that we may discuss this further

**I, the undersigned, declare to be the Owner / Agent (delete as appropriate) of the above mentioned horses and declare having acknowledged and understood the General Conditions of Transport & that all services provided are subject to the Company's Trading Conditions which, in certain circumstances, exclude the Company's liability and include certain indemnities which benefit the Company.**

SIGNED: \_\_\_\_\_ OWNER/AGENT (strike out whichever incorrect)

PLEASE PRINT FULL NAME: \_\_\_\_\_ DATE: \_\_\_ day \_\_\_ month \_\_\_ year