

WHITE SECTIONS ARE MANDATORY. PLEASE COMPLETE IN CAPITALS AND PRESS HARD.

1. Sender's Account Number

2. Invoice to Receiver

Cross box and provide receiver's account number → or call Customer Service for correct account details

SENDER LIABLE FOR UNPAID CHARGES

000142802

3. Customer Reference (Information you would like on the invoice that you receive from TNT)

E806242

4. From (Collection Address)

Name: LIACS LEIDEN UNIVERSITY

Address: NIELS BOHRWEG 1

City: LEIDEN

Postal / Zip Code: 2333 CA

Province/Region:

Country: NL

Contact Name: J. LAROS

Tel. No. (mandatory): 071 5275772

5. To (Receiver)

Name: EXPANSYS

Address: PARC EUREKA - CS 90554

RUE DE THORE **CANNOT DELIVER**

TO P. O. BOX NUMBERS

City: MONTPELLIER

Postal / Zip Code: 34960

Province/Region:

Country: FR

Contact Name: FREDERIC PONT

Tel. No. (mandatory): 04 67457780

6. Delivery Address (If different from receiver's address above)

Name:

Address:

WE CANNOT DELIVER

TO P. O. BOX NUMBERS

City:

Postal / Zip Code:

Province/Region:

Country:

Contact Name:

Tel. No. (mandatory):

7. Dangerous Goods (Cross correct box)

Does this consignment contain any dangerous goods? If

Yes No

yes, please call our Customer Service at 0800-1234.

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE (ALWAYS THE LATEST VERSION, SEE WWW.TNTEXPRESS.NL) WHICH LIMITS TNT'S LIABILITY IN ACCORDANCE WITH THE WARSAW CONVENTION AND THE CMR.

Signature Sender

Received by TNT (to be completed by TNT)

Date:

(Day/Month/Year)

Date:

Time:

www.tntexpress.nl



GD 316108483

WW

Please quote this number if you have an enquiry.

8a. Services (Cross one box only to select a service)

8b. Options (Cross boxes)

	International		Domestic
	Documents	Non-Documents	
Special Express	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9:00 Express	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10:00 Express	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12:00 Express	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Express	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12:00 Economy Express		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Economy Express		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Priority
Priority handling from pickup to delivery For Express and Economy Express

Saturday Delivery
Only available for domestic shipments within The Netherlands

Insurance
For documents and non-documents subject to condition 14 on reverse

Currency Please provide insurance details

Insured amount for non-documents only

☎ Please contact Customer Service at 0800-1234 to arrange shipment. For service details, please see brochure. If no service is selected, the Express service will be provided and invoiced.

9. Special Delivery Instructions (Reserved for your instructions, if required)

10. Goods Descriptions (If dutiable please complete section 11)

General Description Please put full details on commercial invoice	Number of Packages	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
GOODS	1	Kilos	Grams	20 Cm	20 Cm	20 Cm
		Kilos	Grams	Cm	Cm	Cm
		Kilos	Grams	Cm	Cm	Cm
		Kilos	Grams	Cm	Cm	Cm
Stat. No.	Total	1	2 Kilos	779ms	Consignment subject to volumetric measurement Please refer to www.tntexpress.nl	

11. Dutiable Shipment Details (Complete for dutiable consignments)

Receiver's VAT / TVA / BTW / MWST No.

Currency

Invoice value of dutiables

SENDER'S COPY

Please keep for Reference

1. Sender's Account Number

2. Invoice to Receiver SENDER LIABLE FOR UNPAID CHARGES
 Receiver's account number **000142802**

3. Customer Reference
E806242

4. From (Collection Address)

Name: LIACS LEIDEN UNIVERSITY
Address: NIELS BOHRWEG 1

City: LEIDEN Postal / Zip Code: 2333 CA
Province/Region: Country: NL
Contact Name: J. LAROS Tel. No. (mandatory): 071 5275772

5. To (Receiver)

Name: EXPANSYS
Address: PARC EUREKA - CS 90554
RUE DE THOR

City: MONTPELLIER Postal / Zip Code: 34960
Province/Region: Country: FR
Contact Name: FREDERIC PONT Tel. No. (mandatory): 04 67457780

6. Delivery Address

Name:
Address:

City: Postal / Zip Code:
Province/Region: Country:
Contact Name: Tel. No. (mandatory):

Does this consignment contain any dangerous goods? Yes No

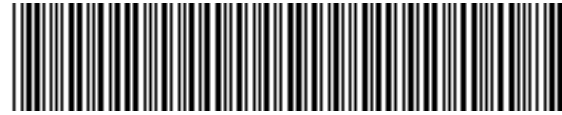
CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE (ALWAYS THE LATEST VERSION, SEE WWW.TNTEXPRESS.NL) WHICH LIMITS TNT'S LIABILITY IN ACCORDANCE WITH THE WARSAW CONVENTION AND THE CMR.

Signature Sender _____ Received by TNT _____
Date: _____ (Day/Month/Year) Date: _____ Time: _____

Sending Depot Receiving Depot

SP8

www.tntexpress.nl



GD **316108483** WW
Please quote this number if you have an enquiry.

8a. Services

	International		Domestic
	Documents	Non-Documents	
Special Express	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
9:00 Express	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F
10:00 Express	<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> I
12:00 Express	<input type="checkbox"/> J	<input type="checkbox"/> K	<input type="checkbox"/> L
Express	<input type="checkbox"/> M	<input checked="" type="checkbox"/> N	<input type="checkbox"/> O
12:00 Economy Express		<input type="checkbox"/> Q	
Economy Express		<input type="checkbox"/> T	

Please contact Customer Service at 0800-1234 to arrange shipment. For service details, please see brochure. If no service is selected, the Express service will be provided and invoiced.

8b. Options

Priority

Saturday Delivery

Insurance

Currency Value

9. Special Delivery Instructions

10. Goods Descriptions

General Description	Number of Packages	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
GOODS	1			20	20	20
Stat. No.	Total	1	2	779	Volume:	
OPS verify:				Volume: Weights:		

11. Dutiable Shipment Details

Receiver's VAT / TVA / BTW / MWST No.

Currency Value

DATA PREP COPY

Form 38-1201

1. Sender's Account Number

2. Invoice to Receiver SENDER LIABLE FOR UNPAID CHARGES

Receiver's account number **000142802**

3. Customer Reference

E806242

4. From (Collection Address)

Name: LIACS LEIDEN UNIVERSITY
 Address: NIELS BOHRWEG 1

City: LEIDEN Postal / Zip Code: 2333 CA
 Province/Region: Country: **NL**
 Contact Name: J. LAROS Tel. No. (mandatory): 071 5275772

5. To (Receiver)

Name: EXPANSYS
 Address: PARC EUREKA - CS 90554
 RUE DE THOR

City: MONTPELLIER Postal / Zip Code: 34960
 Province/Region: Country: **FR**
 Contact Name: FREDERIC PONT Tel. No. (mandatory): 04 67457780

6. Delivery Address

Name:
 Address:

City: Postal / Zip Code:
 Province/Region: Country:
 Contact Name: Tel. No. (mandatory):

7. Dangerous Goods

Does this consignment contain any dangerous goods? Yes No

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE (ALWAYS THE LATEST VERSION, SEE WWW.TNTEXPRESS.NL) WHICH LIMITS TNT'S LIABILITY IN ACCORDANCE WITH THE WARSAW CONVENTION AND THE CMR.

Signature Sender Received by TNT

Date: (Day/Month/Year) Date: Time:

Sending Depot **SP8** Receiving Depot



8a. Services

	International		Domestic
	Documents	Non-Documents	
Special Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Express	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12:00 Economy Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economy Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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GOODS	1			20	20	20
Stat. No.	Total	1	2	779	Volume:	
OPS verify:				Volume:		
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11. Dutiable Shipment Details

Receiver's VAT / IVA / BTW / MWST No.

Currency Value

INVOICE COPY



Sending Depot Receiving Depot
SP8

www.tntexpress.nl

1. Sender's Account Number

2. Invoice to Receiver SENDER LIABLE FOR UNPAID CHARGES

Receiver's account number **000142802**

3. Customer Reference
E806242

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 Contact Name: FREDERIC PONT Tel. No. (mandatory): 04 67457780

6. Delivery Address

Name:
 Address:

City: Postal / Zip Code:
 Province/Region: Country:
 Contact Name: Tel. No. (mandatory):

Does this consignment contain any dangerous goods? Yes No

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Signature Sender Received by TNT

Date: (Day/Month/Year) Date: Time: :



GD 316108483 WW
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8a. Services

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	Documents	Non-Documents		
Special Express	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
9:00 Express	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	
10:00 Express	<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> I	
12:00 Express	<input type="checkbox"/> J	<input type="checkbox"/> K	<input type="checkbox"/> L	
Express	<input type="checkbox"/> M	<input checked="" type="checkbox"/> N	<input type="checkbox"/> O	
12:00 Economy Express		<input type="checkbox"/> Q		
Economy Express		<input type="checkbox"/> T		

8b. Options

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OPS verify:

11. Dutiable Shipment Details

Receiver's VAT / TVA / BTW / MWST No.

Currency Value

CUSTOMS COPY