



## CUSTOMS POWER OF ATTORNEY TO ACT AS DIRECT CUSTOMS REPRESENTATIVE

Customer:	<input type="text"/>		
Address:	<input type="text"/>		
Country / Postal Code / City:	<input type="text"/>	Contact person:	<input type="text"/>
Phone:	<input type="text"/>	E-Mail:	<input type="text"/>
EORI No.:	<input type="text"/>	VAT/Tax ID No.:	<input type="text"/>

I/We  authorize you, DHL Express (Netherlands) B.V. to submit to all customs offices, or have submitted by a third party, the relevant declarations under customs law. Furthermore, I/we authorize DHL Express to sign/have signed all related applications (such as post-clearance modifications) and declarations (such as invalidation of declarations) and to make or receive payments on our behalf. This authorization remains in place until revoked in writing.

I/We agree to the use and storage of our data for the purpose of the agreed services.

**I/We acknowledge the obligation of  to pay for the services and the Duty & VAT-in-voice as stated in the above document and confirm the customer will pay or reimburse the amount before delivery of the shipment or in the event of an invoice within the mentioned payment term.**  
(Not applicable to DTP-shipments. Duty Taxes Paid is a billing service chosen by shipper where we bill the Duty& VAT directly to the shipper.)

Signature of authorized representative:

<input type="text"/>	<input type="text"/>	<input type="text"/>
[Place and date]	[Name and surname]	Company stamp / legally binding signature