## **AES EEI Filing Authorization Instructions**

- 1. DHL Airway Bill Number: Required for EEI Shipper's Export Declaration filing
- Origin IATA Code: (not required)
  Destination IATA Code: (not required)
- 4. Number of Packages: Under this airway bill number (if multiple please put how many)
- 5. DHL Payer's Account Number: DHL account number to be used for billing purposes
- 6. Shipping Weight: List the total shipment weight for the package(s)
- 7. DHL Shipper's Account Number: Your DHL account number to be used for reference purposes
- 8. **Shipper's Reference Number:** (also sometimes called customer or invoice number) Number can be as short as three digits or as long as 35 characters
- 9. **Complete Name/U.S. Principal Party in Interest (USPPI):** The name of the U.S. Exporter (USPPI). The USPPI is the person in the U.S. that receives the primary benefit, monetary or otherwise, of the export transaction
- 10. Contact Person Name: Will be used to contact you if additional information is required
- 11. Thru 14.-U.S. Principle Party in Interest (USPPI) Address: The address of the U.S. Exporter (USPPI). The USPPI is the person in the U.S. that receives the primary benefit, monetary or otherwise, of the export
- 15. Phone Number: Actual phone number of the USPPI. Will be used to contact if additional information is required
- 16. Fax Number: Actual fax number of the USPPI or third party that is receiving the ITN number. Will be used in the return of the ITN number
- 17. Email Address: Actual email address of the USPPI or third party that is receiving the ITN number. Will be used in the return of the ITN number
- 18. Thru 25. **Ultimate Consignee:** The company name, contact person, address, country of destination, and phone number of the party actually receiving the merchandise
- 26. Insurance Value: The total amount of insurance (if any) placed on the package(s)
- 27. **USPPI EIN (IRS):** Report your Internal Revenue Service (IRS), Employer Identification Number (EIN) NOTE: AFTER Dec. 3, 2009 U.S. CENSUS WILL NO LONGER ACCEPT SOCIAL SECURITY NUMBERS. (Link <a href="http://www.irs.gov/businesses/small/article/0">http://www.irs.gov/businesses/small/article/0</a>, id=97860,00.html)
- 28. **Parties to Transaction Related:** The parties to the transaction are the shipper and consignee. They would be considered "Related" when they have the same company name or when one is a parent, subsidiary or affiliate of the other company. There must be at least 10 percent ownership of each by the same U.S. or foreign person or business enterprise
- 29. Intermediate Consignee: Yes/No ...If Yes, DHLE will contact you for complete intermediate consignee information
- 30. **Ship Date:** Please enter your anticipated pick up date here
- 31. **Schedule B/HTS Commodity Number & Description:** Enter the 10-digit commodity number as provided in Schedule B/HTS and report the description of goods in sufficient detail to permit verification of the Schedule B/HTS number
- 32. Quantity (Schedule B/HTS Units): Report whole unit(s) specified in the Schedule B/HTS commodity classification code
- 33. Shipping Weight: List the gross shipping weight for each Schedule B/HTS number in kilograms
- 34. **Value**: Report the U.S. dollar value at time and place of export. Round off to the nearest dollar. Enter the selling price or cost if not sold. Where goods are sold at a point other than port of export, freight, insurance and other charges required in moving the goods from their U.S. point of origin to the port of export shall be included in the line item value. Do not include overseas transportation or insurance cost
- 35. **License Number or Exception Code:** Indicate Yes or No to verify if the shipment requires an export license or not. If ITAR controlled, do not use this form, as you must be pre-approved by DHLE. Please contact <a href="mailto:dhlcontrolledexports@dhl.com">dhlcontrolledexports@dhl.com</a> for further information. If you have an export license or license exception, then DHL needs to know the associated Export Control Classification Number (ECCN).
- 36. Report the Export Control Classification Number (ECCN) per line item, if applicable
- 37. **Domestic/Foreign:** If the goods were manufactured in the United States, enter "D" for Domestic. If they were manufactured in another country, enter "F" for Foreign
- 38. **Duly Authorized Officer or Employee**: Signature of USPPI authorizing DHL Express to affect the export. Provide the signature of the duly authorized officer or employee and the date signed. Enter the duly authorized officer's or employee's title, telephone number with area code and email if available
- 39. **Routed Export Transaction (15 CFR § 30.3(e)):** A traditional routed export transaction is where the foreign principal party in interest (FPPI) authorizes a U.S. forwarding agent or other agent to export the merchandise out of the U.S. DHLE will only assume the role of AES filing agent on behalf of the FPPI. To do this will require a <u>Written Authorization form</u> from the FPPI executed by an officer of the company or other authorized signatory. If the signatory role is not easily identifiable as an officer of the company, additional documentation may be required. In the United States, commonly recognized officers of the company would be the President, Vice President, Treasurer, Owner, and Corporate Secretary.







|  | Billing Information   |                       |                 |  | Date for EEI Filing |        |              |  |
|--|---|-----------------------|-----------------|--|---------------------|--------|--------------|--|
| 1  | * Airway Bill Number  |                       |                 |  |                     |        |              |  |
| 2  | Origin IATA Code  | 1                     |                 |  |                     |        |              |  |
| 3  | Destination IATA Code   |                       |                 |  |                     |        |              |  |
| 4  | * Number of Packages  |                       |                 |  |                     |        |              |  |
| 5  | * Payer Account Number  |                       |                 |  |                     |        |              |  |
| 6  | * Shipment Weight   |                       |                 |  |                     |        |              |  |
| 7  | * Shipper Account Number  |                       |                 |  |                     |        |              |  |
| 8  | Shipper Reference Number  |                       |                 |  |                     |        |              |  |
|  | USPPI Information   |                       |                 |  |                     |        |              |  |
| 9  | * Company Name  |                       |                 |  |                     |        |              |  |
| 10   | * Contact Person  |                       |                 |  |                     |        |              |  |
| 11   | * Street Address  |                       |                 |  |                     |        |              |  |
| 12   | * City  |                       |                 |  |                     |        |              |  |
| 13   | * State   |                       |                 |  |                     |        |              |  |
| 14   | * Zip Code  |                       |                 |  |                     |        |              |  |
| 15   | * Phone Number  |                       |                 |  |                     |        |              |  |
| 16   | * Fax Number  |                       |                 |  |                     |        |              |  |
| 17   | * Email Address   |                       |                 |  |                     |        |              |  |
| 10   | * Company Name  | Ultimate              | e Consignee Inf | ormation   |                     |        |              |  |
| 18   | * Contact Person  |                       |                 |  |                     |        |              |  |
| 19   | * Street Address  |                       |                 |  |                     |        |              |  |
| 20   | * City  |                       |                 |  |                     |        |              |  |
| 21   | * State   |                       |                 |  |                     |        |              |  |
| 22   | * Postal Code   |                       |                 |  |                     |        |              |  |
| 23   | * Phone Number  |                       |                 |  |                     |        |              |  |
| 24   |   |                       |                 |  |                     |        |              |  |
| 25   | * Country of Destination  |                       |                 |  |                     |        |              |  |
| 26   | * Insurance Value EEI Filing Information  |                       |                 |  |                     |        |              |  |
| 27   | * USPPI EIN   | ELITHING IIIIOTHIAUOH |                 |  |                     |        |              |  |
| 28   | * Parties to Transaction Related Y/N?   |                       |                 |  |                     |        |              |  |
| 29   | * Intermediate Consignee Y/N?   |                       |                 |  |                     |        |              |  |
|  | Ship Date   |                       |                 |  |                     |        |              |  |
|  | 31  | 32                    | 33              | 34   | 35                  | 36     | 37           |  |
| *  | * Schedule B/HTS Number & Description   | * Quantity in         | * Wt in KG per  |  | * License Number    | * ECCN | * (D)omestic |  |
|  | Scriedule b/ 113 Nulliber & Description   | Sched B Units         | Sched B#        | * Value  | or Exception Code   | ECCIN  | or (F)oreign |  |
|  |   |                       |                 |  |                     |        |              |  |
|  |   |                       |                 |  |                     |        |              |  |
|  |   |                       |                 |  |                     |        |              |  |
|  |   |                       |                 |  |                     |        |              |  |
| 38) Duly Authorized Officer or Employee (Signature, Title, & Date)                         |   |                       |                 | The USPPI authorizes DHL Express to act as their forwarding agent for customs and export purposes and to transmit such export information electronically and perform other services as required by law or regulation |                     |        |              |  |
| ł  |   |                       |                 | Questions? Call 1-800-CALL DHL (1-800-225-5345)  |                     |        |              |  |
|  | * Routed Transaction (15 CFR § 30.3(e)) : where the foreign principal party in interest authorizes DHLE to file the AES EEI on their behalf. If it is a |                       |                 |  |                     |        |              |  |
| 39   | Routed Transaction, please indicated by wri   |                       |                 | : Pres., VP, Tre   |                     |        |              |  |
| Please fax the completed form to 1-866-731-9670 or send via email to: SED.Customer@dhl.com |   |                       |                 |  |                     |        |              |  |