A Medical Surplus Recovery Organisation Sharing Sustainable Healthcare Solutions
with Developing Communities

GOODS DESPATCH APPLICATION
All sections, pages 1 & 2 of this form are to be completed.

Consignor / Sender:

Name of Organisation/Sender:	
Contact Name:	
Address:	
	Post Code:
Phone:	Email:
Port/Place of discharge:	Proposed final destination:

Consignee:

Organisation:
Contact Name:
Address:
Phone:
Email:

Recipient / Receiver:

Organisation:
Contact Name:
Address:
Phone:
Email:

Notifying Party in recipient country:

Organisation:
Contact Name:
Address:
Phone:
Email:

Second Notifying Party:

Organisation:
Contact Name:
Address:
Phone:
Email:

Has the recipient provided a list & quantities of goods required? Yes ☐ No ☐
(If yes please attach copy)

Is this application for Palletised Goods or Container? Palletised ☐ Container ☐

If Palletised, estimate number of pallets _____
(Loaded pallets are nominally 120cm x120cm x150cm High)

If Container, estimated size: 20' ☐ 40' (High Cube) ☐

IMPORTATION OF DONATED GOODS:

Are donated medical consumables & repurposed equipment able
to be imported? Yes ☐ No ☐

Has the consignee an import permit for donated goods? Yes ☐ No ☐

Has tax exemption of donated goods been obtained? Yes ☐ No ☐
(If yes, please attach copy).

Has a clearing agent been engaged to clear customs? Yes ☐ No ☐
(If yes, please provide details).

Is an exemption for customs clearance of donated non-commercial
goods required? (If yes, please attach copy). Yes ☐ No ☐

RECIPIENT / FINAL DESTINATION:

Does the requested list of goods reflect the needs of the
recipient institution? Yes ☐ No ☐

Has the recipient the personnel to operate the medical equipment
and manage consumables? Yes ☐ No ☐

Is the recipient able to maintain the requested medical equipment? Yes ☐ No ☐

Has the recipient a responsible disposal plan? Yes ☐ No ☐

Please note: A quotation will be provided on approval of this application.

Please return to MediShare Manager:
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