

HEALTHWEALTH INTERNATIONAL CORP.
3RD FLOOR EMERALD BUILDING,
F. ORTIGAS JR. ROAD, ORTIGAS CENTER,
PASIG CITY 1605

ACKNOWLEDGMENT

AIR WAYBILL NUMBER: _____

- I understand that if the shipment is undeliverable for any reason, it may be returned to shipper.
- I agree to pay any costs incurred in returning the shipment including import freight charges, duty/tax and other local charges.
- I understand that shipments that cannot be returned due to local regulatory constraints will either be placed in a general order warehouse or a customs bonded warehouse or disposed of at DHL's sole discretion and at any location. I agree to pay any costs incurred by DHL in such placement or disposal.

✓ **COMPLETE NAME OF SHIPPER:** _____

✓ **DEALER ID NUMBER:** _____

✓ **SIGNATURE:** _____

✓ **COMPLETE ADDRESS:** _____

✓ **CONTACT NO. (AT LEAST 2):** _____

✓ **DATE:** _____