Questionnaire Form

Import SeaShipment

**Section 1 - Contact details in Japan**

1. Name as per your passport:
2. My Company Name:
3. My Contact E-mail:
4. My Mobile contact phone number:
5. My Company contact phone number:
6. My any other contact phone numbers:

**Section 2** – **Arrival Information into Japan & Japanese Custom Form C5360**

1. My Arrival date into Japan was on (mm/dd/year):
2. I have my Original and Stamped Japanese Custom Form C5360 No (     )    Yes (  )

**Section 3 - I have in my shipment**

1. Alcohol/Liquor    No ( )    Yes (  ) Number of bottles ( )
2. I have a detail list of all the Alcohol/Liquor in my shipment.
3. No ( )    Yes (  )
4. Tobacco  No (    )   Yes.(    )
5. Weapons, Knifes, Guns, Swords, No (     )    Yes (  )   \*ON A SEPARATE SHEET PLEASE PROVIDE ALL DETAILS AND IF AVAILABLE PHOTOS OF THESE ITEMS:
6. Pornographic Magazines, Videos, CD’s Photos No (    )    Yes (  )
7. Piano     No (    )    Yes (  ) Type: ( )
8. New Items No (    )    Yes (  )
9. Safes, , Suitcase, Trunks, No (    )    Yes (  )   \* These are unlocked. No (    )    Yes (  )
10. Perfume No (    )    Yes (  )
11. Medicine (as in medications) No (    )    Yes (  )
12. I have Additional Shipments arriving by Air, Sea, Courier, Parcel Post. No (    )    Yes (  )

**Section 4 – Delivery Address and Address Surrounding Information’s**

1. My residence is a: House - Yes ( ) No ( )
2. My residence is a: Apartment Residential Building: Yes ( ) No ( )
3. Apartment Residential Building is on the ( ) floor
4. Elevator is available: Yes ( ) No ( )
5. Surrounding streets are for normal traffic: Yes ( ) No ( )
6. Packing Space for our delivery trucks are available: Yes ( ) No ( )
7. Distance from the truck parking area to the residence entrance is approximately ( ) meters:
8. My Delivery Address is: Please Include the zip code and if any the building name and your residential room number
* Zip-Code --🡪
* Full Address --🡪
* Building Name and Room Number --🡪

**Section 5 – Residential Manager or Real Estate Agency Information’s**

1. Company Name:
2. Contact Name
3. Contact E-mail:
4. Mobile contact phone number:
5. Company Contact phone number
6. Other contact phone numbers:

**Section 6 – I will require storage before my shipment can be delivered**

* Storage of my shipment is required until further notice: Yes (    )  No (  )

Expected delivery date is ---🡪

 \*\*\* Please note in the event your shipment enters storage there will be storage and storage handling charges. For these billing purposes please provide the paying parties details:

1. Company Name:
2. Contact Name
3. Contact E-mail:
4. Mobile contact phone number:
5. Company Contact phone number