SHIPPING and DOCUMENTATION INSUTRUCTIONS

| Date of update: | 20/5/2018 | Delivery destination: | Gaza |
| Delivery mode: | Air | Group: | Medical |
| Categories: | 1. Medicines and pharmaceuticals | 2. Medical equipment |

1. **Timing:**

   A. Shipping documents are to be sent in advance and received by UNRWA two days prior shipment arrival. All documents including copies must be readable and clear.

   B. Electronic scanned versions of documents must be sent once consignment has been loaded on the flight at the port of departure to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Field</th>
<th>Email</th>
<th>Phone</th>
<th>Mobile</th>
<th>Working hours</th>
</tr>
</thead>
</table>

2. **Shipping Documents & Certificates list:**

   A. Air Waybill (1 original + 1 copy)
   
   B. Original Commercial Invoice (1 original + 1 copy)
   
   C. Packing List (1 original + 1 copy)
   
   D. Original Certificate of Analysis for each batch (1 original + 1 copy)
   
   E. Certificate of Origin (1 original + 1 copy)
   
   F. Product certificate (1 original + 1 copy)
   
   G. Catalogue (1 original + 1 copy)

3. **Shipping documents details**

   The customs rules of the host country established stipulate that:

   A. **The air waybill must indicate:**

      1. Consignee name.
      2. Notify party.
      3. Full description of the items which also must be matching with the packing list and other documents.
4. Net and gross weight which also must be matching with the invoice, the packing list and other documents.
5. Delivery term.
6. Purchase order also in all respective shipping documents.

B. **The invoice must indicate:**

1. Exact name of the medicine with any related details including the net and gross weight.
2. Invoice number and the invoice date.
3. Value/amount and the currency.
4. Items' numbers and production number.
5. HS code for each item (UNCCs).
6. Shipping country.
7. Include the destination country.
8. Country of origin for each item.
9. Expiry date.
10. Consignee name as indicated in point 2 page 6
11. Consignor name (manufacturer/supplier name, address, tel. and fax numbers).
12. Delivery term.
13. Packing details.
14. Purchase order also in all respective shipping documents.

C. **The packing list must indicate:**

1. Exact name of the medicine with any related details including the net and gross weight (as mentioned in the invoice)
2. Packing details and the quantity by (carton, tube, tablet, each, etc...)
4. Delivery term.
5. Port of destination
6. Final destination of goods.
7. Batch number (for medicines & pharmaceuticals)
8. Lot number (for medicines & pharmaceuticals)
9. Expiry date (for medicines & pharmaceuticals)

D. **The certificate of analysis must indicate:**

1. Batch number.
2. Product number.
3. Expiry date.

E. **The certificate of origin**

1. As per regular standard.

F. **The product certificate**

1. As per regular standard.

G. **Catalogue must indicate:**
1. Voltage of power source.
2. Frequency of power source.
3. Usage and function of the item.

4. **Special categories instructions:**

A. The legal entity number of the supplier in his country.

B. **MARKING ON PACKS: (All letters 4 cm high)**
   - UNRWA,
   - Not for Sale,
   - Purchase order number,
   - Port of destination,
   - Case number,
   - Gross weight.

C. Notification on shipping of perishable supplies (where special cooling conditions are needed) should be done with special attention by BOTH the supplier & the shipper as well as to be mentioned in all the shipping documents in order for the receiving party to ensure that the cold-chain is not discontinued.

D. For any devices or equipment and in particular for laboratory devices, the following documents are mandatory for custom clearance purposes and must be forwarded to UNRWA in advance:
   - FDA Certificate from the American Department of Health & Human Services, or CE (European Committee) Certificate issued from an accredited party in the European Union countries (notified body).
   - The Manufacturer's Catalogue,
   - Original invoice & authenticated copy

E. For the hospital supplies (gauze, cotton, plasters, gloves, syringes,..etc.) , one of the following certificates is required and an original invoice in addition to an authenticated copy:
   - Original Free Sale Certificate in the country of origin stating that the item is already sold in the country of origin or
   - Original FDA (Food And Drug Administration) Certificate issued from the American Department of Health and Human Services or
   - Original CE (European Committee) Certificate issued from accredited party in the European Union Countries (Known as Notified Body)

F. The above certificates should be in an original form or stamped copies & duly authenticated in each page from a Public Notary in the country of origin.

G. Supplier should not ship any shipment unless the logistics office recommends and approves the draft shipping documents. Otherwise, he/she will be responsible for any caused cost and will be charged accordingly.

H. Hospital supplies items for which no catalogue is available, a brochure clarifying the purchased item with the CE number (to be stated on the brochure) is requested and is essential, and otherwise, the goods will be rejected.

I. Partial shipments are not allowed.
J. The freight on the shipping documents to be displayed as “Prepaid”.

K. Scan for draft AWB and documents to get approval before ship, the number of draft AWB must be the same of original

L. The suppliers of bottled suspensions must mark the RECONSTITUTION instructions on the bottle itself (not on the label).

M. Maximum quantities of batches for different item categories:
   
   **Pharm. Form VS Batch QTY**
   - Tablets 1,500,000 to 2,000,000
   - Capsules 500,000 To 1,000,000
   - Dry Suspension 30,000 To 50,000 BT
   - Oral Solution and ready Suspensions 100 ml 50,000 To 100,000 BT
   - Oral Solution and ready Suspensions 60 ml 100,000 and above
   - Rectal Suppositories 90,000 To 100,000
   - Vaginal Ovules 50,000 ovules and above

5. **Mailing of shipping Documents:**

   A. It is required that either or both the supplier and the shipper (the later acting on behalf of the supplier) to mail **TWO** sets of original shipping documents to both addresses as mentioned below before 24 hours of consignment’s arrival time:

<table>
<thead>
<tr>
<th>UNRWA Field Office- GFO</th>
<th>UNRWA Headquarters- Amman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Field Logistics Office</td>
<td>UNRWA Headquarters - Amman</td>
</tr>
<tr>
<td>UNRWA Field Office- GFO</td>
<td>Chief, Central Support Services Division</td>
</tr>
<tr>
<td>GFO Jerusalem office</td>
<td>Bayader Wadi Seer</td>
</tr>
<tr>
<td>Shlomo Zalman Shragai Street</td>
<td>Industrial street</td>
</tr>
<tr>
<td>P.O. Box 18100</td>
<td>P.O. Box 140157</td>
</tr>
<tr>
<td>97300 Jerusalem, ISRAEL</td>
<td>Amman 11814, Jordan</td>
</tr>
</tbody>
</table>

   - Only above double channels to communicate all information on shipping schedule/ dates are possible to ensure that proper actions are being taken to receive and clear shipments in due time.

   - Any delay in mailing documents may cause customs clearance delays resulting in demurrage and storage charges. We reserve the right to debit these charges to the supplier's account.

6. **Shipments' addresses:**

   1. Contacts:

<table>
<thead>
<tr>
<th>Consignee</th>
<th>UNRWA field office Gaza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Legal Name</td>
<td></td>
</tr>
</tbody>
</table>

Page 4
2. Consignee address:

<table>
<thead>
<tr>
<th>Consignee (Include Organization Legal Name and Full Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Legal Name and address:</td>
</tr>
<tr>
<td>UNRWA - Head Field Logistics Office - GFO</td>
</tr>
<tr>
<td>V.A.T. No. 501100838</td>
</tr>
<tr>
<td>Inbound Logistics office - Jerusalem</td>
</tr>
<tr>
<td>Shlomo Zalman Sharagai street 21</td>
</tr>
<tr>
<td>97300 Jerusalem - Israel</td>
</tr>
<tr>
<td>P.O. Box 18100</td>
</tr>
</tbody>
</table>

3. Notify Party:

<table>
<thead>
<tr>
<th>Notify Party (Include Contact Name, Email and Tel.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ContactName:</td>
</tr>
<tr>
<td>Street Address:</td>
</tr>
<tr>
<td>E-mail:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Notify Party (Include Contact Name, Email and Tel.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ContactName:</td>
</tr>
<tr>
<td>Street Address:</td>
</tr>
<tr>
<td>E-mail:</td>
</tr>
<tr>
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<td>V.A.T. No. 501100838</td>
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