

SHIPPERS LETTER OF INSTRUCTION / INTERIM RECEIPT

Please tick the appropriate boxes and sign the below

	AIRFREIGHT		SEAFREIGHT						
SHIPPER / CONSIGNEE INFORM ATION					TRANSPORT INFORM ATION				
SHIPPER				DO YOU REQUIRE US TO ARRANGE PICK UP					
ADDRESS				(If pick up address different to shipper pls advise)					
ADDRESS				PICK UP					
TE/ FAX				ADDRESS					
CONSIGNEE				ADDRESS					
ADDRESS				SUBURB/ZIP					
ADDRESS				LOAD	PORT				
SUBURB/ZIP				VESSEL	/ FLIGHT/ VOY				
NOTIFY				PORT OF DISCHARGE					
NAME	NAME				FINAL DESTINATION (If on Carriage)				
TEL				CONTA	AINER NO:				
CTC				SEALN					
SELLING TERM S - TICK ONE BOX ONLY				EXPORT CUSTOM S CLEARANCE					
EXW -	NO CHARGES TO SHIPPER ACCT			EDN:					
FOB - ALL AUSTRALIAN ORIGIN CHARGES TO SHIPPER ACCT				If we are to prepare EDN please supply a copy of the com invoice.					
CFR/ C	CFR/ CIF - INTERNATIONAL FRT & AU ORIGIN CHARGES TO SHIPPER ACCT			STATE & COUNTRY OF ORIGIN					
DDU -	DDU - CUSTOM'S CLEAR AND DELIVER, DUTY & TAXES TO CONSIGNEE ACCT			Is DRAWBACK of DUTY Required			Yes		
DDP - CUSTOM S CLEAR AND DELIVER, DUTY & TAXES TO SHIPPER ACCT								No	
NUMBER	PTION, WEIGHTS, ME	ASURE	MENTS & HA	AZAR	DOUS	L* W * H is also required for			
AND KIND OF	D	DESCRIPTION	N	GRO	SSWEIGHT in A	KGS	М3	LCL and Airfreight	
M ARKS AND NUM BERS				Haz Cargo - If yes fill in details below and supply M 041 and M SDS					
				PKG Group: UN:					
		1		CLASS:					
SHIP	PPERS REF, IF ANY:								
SPECIAL INSTRUCTIONS				DOCUM ENTATION INSTRUCTIONS					
REQUIRE US TO COM PLETE CERT OF ORIGIN				Please	indicate the no	of bill	s of lading required		
REQUIRE US TO COM PLETE AQIS CERTIFICATES					ORIGINALS		COPIES	EXPRESS/ WAYBILL	
REQUIRE QUOTATION FOR INSURANCE					RETURN ORIGI	NAL Bi	ill of LADING / AWB	to SHIPPER	
SHIPM ENT IS MOVING AGAINST LETTER OF CREDIT				AIR M AIL TO CONSIGNEE (CHARGES M AY APPLY)					
If "Yes" please provide us with a copy to enable us to prepare documents in accordance with the L/C.				OTHER					
IM PORTANT NOTES									
If Selling terms are not clearly indicated above, all charges will be automatically charged to your account.									
If wooden packaging is used please ensure it is ISPM 15 compliant.									
DECLARATION									
THE SHIPPER I	THE SHIPPER HEREBY WARRANTS THE CORRECTNESS OF THE PARTICULARS SHOWN HERE ON:								
SIGNATURE OF SHIPPER:									

DATE:

NAME OF SIGNATORY: