

Exporter/Shipper (Name and Address) <b>A</b>		AIRFREIGHT CHARTER <input type="checkbox"/> COURIER <input type="checkbox"/> DIRECT <input type="checkbox"/> CONSOL <input type="checkbox"/>	SEAFREIGHT CHARTER <input type="checkbox"/> FCL 20' <input type="checkbox"/> 40' <input type="checkbox"/> LCL <input type="checkbox"/> GPGE <input type="checkbox"/> B/BULK <input type="checkbox"/>	ROAD <input type="checkbox"/>	CUSTOMS Ref./ Status IPR: <input type="checkbox"/> EC: <input type="checkbox"/> OTHER <input type="checkbox"/>	COUNTRY:
Contact Name, Tel. & Fax No. is Essential				Exporter's Reference:		
Forwarder's Ref.		Carrier's BKG No.				
Consignee (if 'Order' State Notify Party and Address) <b>B</b>		From: LOADING PLACE (IF DIFFERENT)		TO: DESTINATION PLACE (IF DIFFERENT)		
Contact Name, Tel & Fax No. is Essential						
Notify Party <b>C</b>		Country of origin of Goods		Place & Country of final Destination		
Contact Name, Tel & Fax No. is Essential						
Receiving Date(s) Berth & Dock/Container Base Etc. <b>E</b>						
Despatched by Place of Acceptance		(If required, this space may be used for extra address or other information)				
Vessel / Flight No. Port of Loading		Please insure against all risks plus war: Floor to Floor: <input type="checkbox"/> Tick box if required				
Port of Discharge Place of delivery		Door to Door: <input type="checkbox"/>				
		Port to Port: <input type="checkbox"/>				
		Value: \$ <input type="text"/>		(N.B. Insurance will not be effected unless instructed in writing.)		
		£ <input type="text"/>				
Marks & Numbers: No. and kind of Packages: Description of goods (Specify Hazard if any) (IF MORE THAN 1 PIECE - GIVE DIMENSIONS OF EACH) <b>G</b>		Tariff/Trade Code No.		Gross weight (kg) <b>H</b>		Cube (m <sup>3</sup> ) <b>J</b>
SHIPPER MUST COMPLETE BOXES A,B,C(F),G,H,J,K & L to S: Tick as applicable TICK TERMS OF SHIPMENT BOX, SIGN & DATE THIS FORM		CAC		Wt Break: Air		Wt Break: Road
		Quantity 2 for Customs		Net Weight		FOB value for Customs <b>K</b>
		Quantity 3 for Customs				
Special Storage Required:	FREIGHT COSTS		L EXPORT PACKING COLLECTION & DELIVERY		Invoice Price	
HAZARDOUS DETAILS: IMCO class: UN NO.: Packing: Flashpoint:	Indicate services as required, and to whom changes should be debited, by entering A B C D or E in the check box. NA - Not Applicable		M EXPORT CUSTOMS R. H. & D / STUFFING CONTR.		Special Information	
			N OCEAN/AIR FREIGHT			
			O DECONSOLIDATION TRANSHIPMENT COSTS			
			P CUSTOMS CLEARANCE			
			Q CUSTOMS DUTIES / TAXES			
			R ON CARRIAGE TO SITE		Name of Contact and Telephone Number	
			S UNPACKING / UNLOADING			
TERMS OF SHIPMENT: EX. WORKS <input type="checkbox"/>		C & F <input type="checkbox"/>		DDU <input type="checkbox"/> <b>Tick Box as required</b>		Signature:
FOB <input type="checkbox"/>		CIF <input type="checkbox"/>		DDP <input type="checkbox"/>		
* SHIPPER TO ATTACH PRO-FORMA INVOICE/PACKING LIST 3 COPIES AS REQUIRED *						Company: