

SHIPPERS LETTER OF INSTRUCTION

ABN: 55 140 901 926

Unit 7, 22 Phillips Road, Kogarah, NSW 2217 **P:** 02 8566 7700 **F:** 02 8566 7799 **W:** <u>issshipping.com.au</u>

·						
SHIPPER (MANDATORY FIELD)				SHIPPERS REF (MANDATORY FIELD)		
				GOODS COUNTRY OF ORIGIN (MANDATORY FIELD)		
CONSIGNEE (MANDATORY FIELD)				EXPORT CLEARANCE NUMBER		
				CURRENCY & VALUE OF GOODS (MANDATORY FIELD)		
NOTIFY PARTY				FLIGHT DETAILS		
				ABN NO (MANDATORY FIELD)		
PRE-CARRIAGE		AIRPORT OF LOADING			AIRPORT OF DISCHARGE	
MAWB		FINAL DESTINATION			LETTER OF CREDIT	(INDICATE)
Marks and numbers (mandatory)	NUMBER OF PIECES (MANDATORY)		DESCRIPTION OF GOODS (MANDATORY)	WEIGHT (MANDATORY)		DIMS (MANDATORY)
TOTAL	TOTAL		TOTAL	TOTAL		TOTAL
L DECLARE THAT THE ADOLE ALEXATION IED						

I DECLARE THAT THE ABOVE MENTIONED
CONSIGNMENT/S ARE IN GOOD ORDER AND
CONDITION SUBJECT TO TERMS / CONDITIONS
AND EXCEPTIONS CONTAINED IN THE CARRIER'S
BILL OF LADING/AIR WAY BILL. I CERTIFY THAT THE
CONTENTS ARE PROPERLY IDENTIFIED, SHOULD ANY
PART OF THIS CONSIGNMENT CONTAINS
DANGEROUS GOODS

PLEASE INDICATE PARTY PAYING SHIPPER OF CONSIGNEE FREIGHT:

CARTAGE:

DOCUMENTS:

ECN: OTHER:

** PLEASE NOTE; THIS BOX & BOTTOM OF DECLARATION MUST BE FILLED IN & SIGNED BEFORE SHIPMENT CAN BE EXPORTED

DATE NAME SIGNATURE