


SEAFREIGHT SHIPPER'S LETTER OF INSTRUCTION / INTERIM WHARF RECEIPT

SHIPPER		 46 EASEY STREET COLLINGWOOD VIC		PHONE / FAX NUMBERS 613 9419 9344 / 613 9011 6119	
CONSIGNEE		SHIPPING REFERENCES / SPECIAL INSTRUCTIONS TO BLUEFREIGHT			
NOTIFY PARTY		E.C.N. TO BE ARRANGED BY <input type="checkbox"/> SHIPPER (INDICATE #) _____ <input type="checkbox"/> BLUEFREIGHT (PLEASE DECLARE FOB VALUE) AUD _____ <input type="checkbox"/> BLUEFREIGHT TO ARRANGE DRAWBACK			
VESSEL	VOYAGE	PORT OF LOADING	ETD	CONTAINER #	
PORT OF DISCHARGE	FINAL DESTINATION	INSURANCE REQUIRED <input type="checkbox"/> NO <input type="checkbox"/> YES (PLEASE APPLY)		SEAL #	
MARKS AND NUMBERS	NUMBER AND KIND OF PACKAGES	DESCRIPTION OF GOODS	GROSS WEIGHT (KILOGRAMS)	DIMENSIONS (LENGTH X WIDTH X HEIGHT IN METRES)	
TOTALS					
CHARGES PAYABLE BY LOCAL CARTAGE EXPORT CLEARANCE OCEAN FREIGHT PORT CHARGES INSURANCE OTHER (PLEASE SPECIFY) INCO TERM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PLACE _____		SHIPPER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CONSIGNEE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PICK UP BY BLUEFREIGHT <input type="checkbox"/> NO (PLEASE ATTACH IWR TO CARGO) <input type="checkbox"/> YES (PLEASE INDICATE ADDRESS) _____ _____ _____ _____ WE CERTIFY THAT NO PROHIBITED PACKING MATERIALS HAVE BEEN USED IN THE PACKING NOR THAT RESTRICTED CARGO FORMS PART OF THE ABOVE GOODS. CO. / DATE / SIGNATURE	
SHIPPING DOCUMENTS TO BE DESPATCHED TO <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> OTHER (INDICATE ADDRESS) _____ RELEASE OF CARGO AT DESTINATION <input type="checkbox"/> AGAINST ORIGINAL BILL OF LADING <input type="checkbox"/> EXPRESS RELEASE ALL BUSINESS HANDLED IS IN ACCORDANCE WITH OUR STANDARD TRADING CONDITIONS AVAILABLE SEPARATELY.			RECEIVED NUMBER AND KIND OF PACKAGES _____ CO. / DATE / TIME / SIGNATURE _____ GOODS RECEIVED IN APPARANT GOOD ORDER FOR FORWARDING IN ACCORDANCE WITH THE TERMS, CONDITIONS AND EXCEPTIONS CONTAINED IN THE STAMPED BILL OF LADING.		