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**SEA FREIGHT FORWARDING INSTRUCTION**

|  |  |  |  |  |  |  |  |  |  |  |
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| **NAME & ADDRESS OF SHIPPER** | | | | | | | | | | |
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| Contact name: |  | | | | | Signature: | | | | |
| **NAME & ADDRESS OF CONSIGNEE** | | | | | | | | | | |
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| **NOTIFY PARTY** | | | | | | | | | | |
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| **VESSEL & VOYAGE** | | | | **ORIGIN** | | | **DESTINATION** | | **SHIPMENT VALUE & CURRENCY** | |
|  | | | |  | | |  | |  | |
| **MARKS & NUMBERS** | | **NO. & TYPE OF PACKAGES** | | | **DESCRIPTION OF GOODS** | | | **GROSS WEIGHT (VGM)** | | **DIMENSIONS or CBM** |
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| **WHAT TYPE OF SEA FREIGHT SHIPMENT IS THIS? LCL or FCL’s: 20' GP or 40' GP or 40' HC, or OTHER (please specify)** | | | | | | | | | | |
| **DO YOU NEED US TO ARRANGE TRANSPORT TO PICK UP YOUR CARGO? YES or NO** | | | | | | | | | | |
| **DOES THIS SHIPMENT CONTAIN WOOD PALLETS OR WOOD PACKAGING? YES or NO**  **IF IT DOES CONTAIN WOOD PALLETS OR WOOD PACKAGING, DOES THE WOOD HAVE ISPM 15 / IPPC TREATMENT STAMPS ON IT? YES or NO** | | | | | | | | | | |
| **WHAT ARE THE TERMS (INCOTERMS) FOR THIS SHIPMENT? PREPAID: CFR or CIF or DAP or DDP, or COLLECT: EXW or FOB, or OTHER (please specify)** | | | | | | | | | | |
| **DO YOU NEED US TO LODGE YOUR EXPORT CUSTOMS CLEARANCE / EDN (EXPORT DECLARATION NUMBER)? YES or NO (if NO, please put EDN here)** | | | | | | | | | | |
| **DO YOU NEED US TO ARRANGE MARINE INSURANCE FOR THIS SHIPMENT? YES or NO** | | | | | | | | | | |
| **ARE THE GOODS HAZARDOUS? YES or NO (if YES, we will need a completed MO41 1&2 - blank template available on request)** | | | | | | | | | | |
| **DO YOU NEED A FULL SET OF ORIGINAL BILLS OF LADING, OR AN EXPRESS RELEASE COPY? ORIGINALS or EXPRESS RELEASE** | | | | | | | | | | |
| **VERIFIED GROSS MASS (VGM) WEIGHT DECLARATION:** | | | | | | | | | | |
| **VERIFIED GROSS MASS (VGM) WEIGHT DECLARATIONS ARE NOW MANDATORY FOR ALL VESSELS DEPARTING THE LOAD PORT FROM JULY 1ST 2016. ALL CARGO WEIGHT MUST BE VERIFIED FOR ALL SEA FREIGHT EXPORTS, SO IF YOU ARE UNSURE OF THE WEIGHT, PLEASE LEAVE THE BELOW SECTION BLANK AND WE WILL REQUEST THE COST FOR EXTERNAL VERFIED WEIGHING OF YOUR SPECIFIC SHIPMENT AND ASK FOR YOUR APPROVAL TO PROCEED** | | | | | | | | | | |
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| NAME OF DECLARANT (PERSON): | | |  | | | | | | | |
| EMAIL ADDRESS: | | |  | | | | | | | |
| PHONE NUMBER: | | |  | | | | | | | |
| COMPANY NAME: | | |  | | | | | | | |
| ADDRESS NO. & STREET: | | |  | | | | | | | |
| ADDRESS SUBURB & POSTCODE: | | |  | | | | | | | |
| DATE VERIFIED / WEIGHED: | | |  | | | | | | | |
| TYPE OF VERIFICATION (choose one): | | | Method 1 (for FCL only): Weighing the whole packed container or Method 2 (for FCL or LCL): Weighing only the goods and packaging | | | | | | | |
| SIGNATURE: | | |  | | | | | | | |