

SHIPPING INSTRUCTIONS

SHIPPER	COMPANY NAME:			
	ADDRESS, REGION:			
	ADDRESS, REGION.			
	TEL -FAX:			
	EMAIL:			
	PUBLIC FINANCE SERV	/ICE - REG:		
CNEE	COMPANY NAME:			
	ADDRESS, REGION:			
	TEL -FAX:			
	EMAIL:			
NOTIFY PARTY	COMPANY NAME – CONTACT PERSON:			
	ADDRESS, REGION:			
	ADDRESS, REGION.			
	TEL -FAX:			
	EMAIL:			
PORT OF LOADING				
PORT OF DISCHARGE				
CNTR NUMBER				
GOODS DESCRIPTION				
PACKING				
(ex. Number of pallets, LOT)				
(Declaration MRN -BL)				
TOTAL NET WEIGHT				
TOTAL GROSS WEIGHT				
Verified Gross Mass:	V.G.M.:	Unit of Measurement:	VGM Date:	Method of weighting:
Name of Authorized person		1		1
and signature				
HS CODE				
COMMENTS				
COMMENTS				
	1			