



EFM BOOKING INTERIM RECEIPT

Please fill in with every booking or amendment

SHIPPER:
ADDRESS:



CONSIGNEE:
ADDRESS

AGENTS:
EXPRESS FREIGHT MANAGEMENT
PO BOX 3398, LAE, MOROBE PROVINCE
PH: (675) 472 3822 FAX: (675) 472 5193
Booking coordinator: npseadocs@expressfreight.com.pg

NOTIFY PARTY:
ADDRESS:

INTERIM RECEIPT

Vessel & Voyage:
Port of Loading:
Port of Discharge:
Final Destination:

ETA LAE:
CUT OFF:
PRE-RECEIVAL:
* Total No.of Containers/ Packages:

| Item No | Marks & Numbers | No & Kind of Packages | Description of Goods & Container Number(s) | Nett Weight | Gross Weight | Measurement (cbm) |
|---------|-----------------|-----------------------|--|-------------|--------------|-------------------|
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TRANSPORTER:

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| DO YOU REQUIRE A FOOD QUALITY CONTAINER? | YES | NO | Please indicate by DELETING wrong answer |
|--|-----|----|--|

| | | | |
|--------------------------|-----|----|--|
| ARE THE GOODS HAZARDOUS? | YES | NO | Please indicate by DELETING wrong answer |
|--------------------------|-----|----|--|

If "YES" please attach the appropriate hazardous paperwork and advise the following:-

| | | | |
|--------|------------|------------|------------|
| CLASS: | UN NUMBER: | IMDG CODE: | PKG GROUP: |
|--------|------------|------------|------------|

| | | |
|--|--------------------------------|---|
| FREIGHT TERMS: PREPAID or COLLECT | NO. OF ORIGINAL BILL OF LADING | <p>I/We acknowledge that this document is an Interim Receipt only and is not to be interpreted as a contract evidencing the carriage of goods by sea, said contract coming into existence only upon the issuing of a duly executed Bill of Lading. The contract intended to be entered between the parties will be subject to the full terms of such Bill of Lading.</p> <p>Name: _____ Title: _____ Company: _____ Date: _____</p> |
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