SHIPPER’S LETTER OF INSTRUCTION / INTERIM RECIEPT

AIR [ ]  / SEA [ ]  (please specify)

|  |  |
| --- | --- |
| **SHIPPER / SENDER NAME+ ADDRESS****PHONE:** **EMAIL**  | EFM LOGO_150dpiTimes - small1**Unit 11 / 67 Bancroft Road****Pinkenba, QLD 4008****AUSTRALIA**  **Phone: 07 3860 5115** **ABN: 690 972 398 46****Email:** **Bneops@expressfreight.com.au****Adelaide.tito@expressfreight.com.au** |
| **CONSIGNEE / RECEIVER NAME+ ADDRESS****PHONE:****EMAIL:** |
| **NOTIFY PARTY (IF REQUIRED)****NAME+ ADDRESS and CONTACT details** | **Is pick up required:** **YES**  [ ]  / **NO** [ ] **Lifting equipment supplied?****YES**  [ ]  / **NO** [ ] YOUR PICK UP ADDRESS/ HOURS?  | **Delivering to us? Address as follows:** YOUR NAME/Company-c/o-Express Freight Management Unit 11/67 Bancroft Road, Pinkenba, 4008 Warehouse hours 8.30 am to 3.30 pm weekdays. |
| **SPECIAL INSTRUCTIONS:**  |
| **VESSEL /VOYAGE:** | (Optional) |
| **ORIGIN:** |  |
| **DESTINATION:** |  |
| **\*\*\*\*PLEASE ATTACH COMMERCIAL INVOICES\*\*\*** |
| **Marks & Numbers** | **No. of Packages** | **Gross Weight (KG)** | **Measurements (cm)****L x W x H** | **Description of Goods** |
| (Optional) |  |  |  |  |
|  | **Total Pieces** | **Total KG** | **Total CBM** |  |
| **PAYMENT OF CHARGES – PLEASE SELECT** |  |
| Origin Charges | PREPAID [ ]   | COLLECT [ ]  |  |
| Freight Charges | PREPAID [ ]  | COLLECT [ ]  | DO YOU REQUIRE ORIGINAL BILLS? **YES**  [ ]  / **NO**  [ ]   |
| Destination Charges  | PREPAID [ ]  | COLLECT [ ]  |   |
| **TO ENSURE CONFIRMED BOOKINGS, ALL COMMERCIAL DOC’S MUST BE SENT PRIOR TO DELIVERY. FREIGHT WILL BE ROLLED TO NEXT VESSEL**  | COUNTRY OF ORIGIN: |
| **Does this shipment contain Dangerous Goods?** YES [ ]  / NO [ ]  If yes please specify the following: UN# Class: Pkg Group: **Please note for Seafreight an M041 and for Airfreight DG Declaration along with Material Safety Data Sheets must be supplied for Dangerous Goods** |

**Signature: …………………………………………………………………. Date: ……………………………………………………………**

**Name (printed): ……………………………………………………… Tel: ……………………………………………………………….**