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|--|--|---|--------------|----------------------------------|--|--|
| EXPORTER (Name and address) ABN No. | | <h1 style="margin:0;">SHIPPERS LETTER OF INSTRUCTION</h1> | | | | |
| SHIPPERS REF No: | | POSTCODE: | | | | |
| CONSIGNEE (Name and address) | |  JacksonGlobalLogistics air sea forwarding & customs ABN: 77 005 911 400 | | | | |
| ORDER No: | | NOTE: If 'Payment of Charges' Section not completed freight will be charged to your account. | | | | |
| ALSO NOTIFY (Name and address) | | <p style="text-align: center;">SHIPPER TO INDICATE</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> FREIGHT CHARGES PREPAID <input type="checkbox"/> (TO BE PAID BY SHIPPER) COLLECT <input type="checkbox"/> (TO BE PAID BY CONSIGNEE) DOCUMENTATION ATTACHED COMMERCIAL INVOICE <input type="checkbox"/> OTHER <input type="checkbox"/> PACKING LIST <input type="checkbox"/> DO YOU REQUIRE <input type="checkbox"/> Original HBL OR <input type="checkbox"/> Express Release HBL </td> <td style="width:50%; border:none;"> INVOICE TERMS EXW <input type="checkbox"/> FOB <input type="checkbox"/> CNF <input type="checkbox"/> CIF <input type="checkbox"/> DDU <input type="checkbox"/> DDP <input type="checkbox"/> Other <input type="checkbox"/> </td> </tr> </table> | | | FREIGHT CHARGES PREPAID <input type="checkbox"/> (TO BE PAID BY SHIPPER) COLLECT <input type="checkbox"/> (TO BE PAID BY CONSIGNEE) DOCUMENTATION ATTACHED COMMERCIAL INVOICE <input type="checkbox"/> OTHER <input type="checkbox"/> PACKING LIST <input type="checkbox"/> DO YOU REQUIRE <input type="checkbox"/> Original HBL OR <input type="checkbox"/> Express Release HBL | INVOICE TERMS EXW <input type="checkbox"/> FOB <input type="checkbox"/> CNF <input type="checkbox"/> CIF <input type="checkbox"/> DDU <input type="checkbox"/> DDP <input type="checkbox"/> Other <input type="checkbox"/> |
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| MODE OF TRANSPORT (specify) <input type="checkbox"/> Sea <input type="checkbox"/> Air | | PORT OF EXPORT | | | | |
| PORT OR AIRPORT OF DESTINATION | | Goods Origin <input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> NT <input type="checkbox"/> ACT <input type="checkbox"/> TAS <input type="checkbox"/> Foreign >> (Specify) | | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> No <input type="checkbox"/> Yes It will be deemed that you have made other arrangements for insurance if un-answered. | | AMOUNT TO BE INSURED Total Invoice Value Invoice Currency | | | | |
| MARKS AND NUMBERS | NUMBER AND TYPE OF PACKAGING | DESCRIPTION OF GOODS | GROSS WEIGHT | DIMENSIONS OR CUBIC MEASUREMENTS | | |
| Empty table for marks, numbers, description, weight, and dimensions | | | | | | |
| COUNTRY OF MANUFACTURE | | | | | | |
| EDN or Exemption Code (Where applicable) | | DANGEROUS GOODS Are there Dangerous Goods covered by this Shipper's Letter of Instruction ? <input type="checkbox"/> Yes <input type="checkbox"/> No If answered yes, please attach dangerous goods declaration. | | | | |
| <p style="text-align: center;">COMPLETION OF THIS DOCUMENT IS NECESSARY FOR JACKSON GLOBAL LOGISTICS TO COMPLETE A BILL OF LADING/AIRWAYBILL AND EXPORT DECLARATION ON YOUR BEHALF. PLEASE BE 100% ACCURATE AND PROVIDE COPIES OF ALL COMMERCIAL DOCUMENTS</p> <p>1. Sender hereby authorises the Company to complete the Consignment Notes and other necessary documents in connection with despatch, carriage and delivery of goods on behalf of the sender under the provisions of the relevant articles of Carrier's General Conditions of Carriage.</p> <p>2. Sender hereby declares that the particulars shown hereon and furnished by him or his agent are correct and that he is aware of and accepts the JACKSONS GLOBAL LOGISTICS standard terms and conditions of contract.</p> <p>DATE:</p> <p>SIGNATURE OF SHIPPER:</p> | | DUTY DRAWBACK APPLICABLE <input type="checkbox"/> Yes <input type="checkbox"/> No Does this export comply with the ATO rulings on GST for exports ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | SPECIAL INSTRUCTIONS | | | | |
| | | FOR OFFICE USE ONLY SECURITY PROCEDURES TAKEN REGULAR SHIPPER <input type="checkbox"/> GOODS HAND SEARCHED <input type="checkbox"/> GOODS HELD FOR 7 DAYS <input type="checkbox"/> OTHER _____ | | | | |