

BL INSTRUCTION

Shipper: TEL: FAX:		BOOKING NO: H/BL NO.	
Consignee: TEL: FAX:		Net Weight (Kgs):	
Notify Party: TEL: FAX:		Place of Receipt:	
Vessel and Voyage No:		Place of Delivery:	
Port of Loading:	Port of Discharge:		
Marks & Numbers:	Number and Kind of Packages	Description of Goods:	Gross Weight Kgs:
CONTAINER NO.: SEAL NO.:	HTS CODE: “FREIGHT PREPAID/COLLECT” “DDC PREPAID/COLLECT”		Measur ement:
Total No. of Packages:	Movement: CY/CY	Freight:	
No of Originals: 3 (THREE)	Remarks:		

The Shipper / Declarant fully indemnifies the concerned Carrier, the ship, the NVOCC, Freight Forwarder, the Custom House Agent against any and all consequences, claims and expenses, including legal costs, arising out of any discrepancy, error, mis-declaration of whatever nature in the particulars declared in this document and / or arising from the U.S. Customs declining permission for either these goods to be loaded on the ship or for these goods or any part.

For (COMPANY NAME & SIGNATURE)

(Authorized Signatory Name)