



SHIPPER'S LETTER OF INSTRUCTION

| | | | |
|---|-------------------|---|--|
| Sender / Shipper – Capital Letters Name: Address: Phone: Reference: | | Account to be sent to: Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Other <input type="checkbox"/> Detail: INCO Terms: | |
| Receiver / Consignee – Capital Letters Name: Address: Phone: Reference: | | Special Handling Instructions | |
| Port / Airport of Destination | Place of Delivery | Originating from MELBOURNE or OTHER | |

PLEASE INDICATE MODE OF TRANSPORT REQUIRED: AIR SEA ROAD
SERVICE REQUIRED: Door to Door (DDU) Door to Door (DDP) OR Airport/Port to Airport/Port
 Door to Door service includes customs clearance, storage and any other charges incurred at destination (DDU) and duties/taxes (DDP).

| Pieces | Gross Weight (kg) | Dimensions (centermetres) Length x Width x Height | Marks and Numbers | Nature & Quantity of Goods Dangerous Goods must be declared |
|--------|-------------------|--|-------------------|--|
| | | | | |

Volumetric weight will be charged if greater than gross weight (kg)

TO ENABLE US TO CORRECTLY PREPARE YOUR SHIPMENT FOR CARRIAGE PLEASE ADVISE THE FOLLOWING

| Dangerous Goods Information | UN Numbers | Proper Shipping Names | Packing Group |
|-----------------------------|------------|-----------------------------|-----------------------|
| Documents attached | | Value for Customs | AUD |
| MSDS | | | |
| Commercial Invoice | | Date collection is required | / / |
| Relevant Permits | | | |
| Security Letter | | Marair Quote Number | QM |

I certify that the above information is true and correct. I have read and understand the TERM AND CONDITIONS OF CARTAGE (attached) of Marair Dangerous Goods Specialists Pty Ltd which form part of, and are intended to be read in conjunction with this Shipper's Letter of instruction and agree to be bound by these conditions.

I hereby authorize the Agent to arrange dispatch of the consignment as described hereon from point to point of origin and to prepare and sign any Airway Bill on my behalf. I agree to pay all charges unless otherwise indicated,

SENDER / SHIPPER (Customer) TO SIGN: DATE: / /