

<b>Exporter: Name, address, ph# &amp; ABN#</b>	
<b>Consignee: Name, address, ph#, ctc name, email &amp; USCI (tax#)</b>	
<b>Notify Party:</b>	
<b>Vessel:</b>	<b>Voyage:</b>

## Forwarding Instructions

ATOS REF NO:  
ATOS4669



### ACROSS THE OCEAN SHIPPING

ACROSS THE OCEAN SHIPPING LTD  
 ABN 61 975 599 156  
 Suite 201 - 13 Cremorne Street,  
 Richmond, Victoria 3121  
 Telephone: +61 3 9427 0015  
 Facsimile: +61 3 9427 0049

<b>Port of Discharge:</b>	<b>Destination (if on carr):</b>	<b>Port of Loading:</b>	
<b>ETD:</b>	<b>ETA:</b>	<b>Freight Payable at:</b>	<b>No. of Original B/L:</b>

Please highlight one of the following terms: **FAS FOB CFR CIF EXW DDU DDP** **OTHER:**  
*Details of cargo as declared by Shipper*

Marks and Numbers	QTY, Package type (box, pallet, crate etc), Description of Goods	Gross Mass	Dims LxWxH & total CBM(M3)
<b>HS/AHECC/TARRIFF CODE/S (MANDATORY REQUIREMENT) :</b>			

<b>Container No.:</b>	
<b>Container tare weight(on door) :</b>	
<b>Seal No.:</b>	
	<b>Mode</b> <b>SEA</b>

	<b>DELIVERY AGENT</b>

<b>SPECIAL PAYMENT INSTRUCTIONS:</b> (Please tick appropriate box) <input type="checkbox"/> Clearance and delivery to consignee paid by shipper <input type="checkbox"/> Freight and costs paid to arrival air port only <input type="checkbox"/> All export costs to be paid by consignee <input type="checkbox"/> Other, please specify	<b>CAN#</b>  <b>VALUE FOR CUSTOMS:</b>  <b>DOES CONSIGNMENT CONTAIN DANGEROUS GOODS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLS SUPPLY MSDS & MO41 DOCUMENTS
	<b>Any wooden packaging material is ISPM treated</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

<b>Place of Issue :</b>	<b>Date of Issue:</b>	
<b>Place of Acceptance:</b>	<b>Place of Delivery:</b>	<b>Total No. of Packages:</b>

The information on this document is true and correct.