

Forwarding Instructions

ATOS REF NO:



ACROSS THE OCEAN SHIPPING

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

Exporter: Name, address & ph#	
Consignee: Name, address & ph#	
Notify Party:	
Vessel:	Voyage:

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

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)
HS/AHECC/TARRIFF CODE/S:			

Container No.:		
Container tare weight(on door) :		
Seal No.:		Mode
		SEA
	Net Weight (KG):	
	Tare (KG):	
	Gross (KG):	
	Volume (M3):	

	DELIVERY AGENT

SPECIAL PAYMENT INSTRUCTIONS: (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	CAN# VALUE FOR CUSTOMS: DOES CONSIGNMENT CONTAIN DANGEROUS GOODS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLS SUPPLY MSDS & MO41 DOCUMENTS
	Any wooden packaging material is ISPM treated <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Place of Issue :	Date of Issue:	
Place of Acceptance:	Place of Delivery:	Total No. of Packages:

The information on this document is true and correct.

DATE:	Shippers signature: