**SHIPPER’S LETTER OF INSTRUCTION**

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| **SHIPPER** |  |  |
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| **ABN #** |  |  |
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| **CONSIGNEE** |  |  |
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| **CONTACT NAME** |  |  |  |  |  |
| **PHONE** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **DESTINATION** |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **SHIPPERS REF #** |  |  |  | **BOOKING REF#** |  |  |

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| **CARTONS** |  | **WEIGHT** |  |
| **DIMENSIONS** |  | **DESCRIPTION** |  |
| **VALUE** |  | **ORIGIN** |  |
| **INSURANCE** | YES / NO | **PICK UP REQUIRED**  | YES / NO |
| **FREIGHT CHARGE** | PREPAID / COLLECT | **FOB COSTS** | PREPAID / COLLECT |

|  |  |  |
| --- | --- | --- |
| **DANGEROUS GOODS** |  | YES / NO UN # |
|  |  |  |
| **ADDITIONAL INFO / SPECIFIC REQUIREMENTS** |  | AIRFREIGHT / OCEANFREIGHT  |
|  |  | \*\*\* AIRFREIGHT SECURITY WARNING\*\*\*Airfreight will be subjected to security and checking procedures that can include opening and searching. It is illegal to consign, as airfreight, unauthorised explosives or incendiary devices. |

**CONDITIONS**

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| Shipper certifies that particulars on the face hereof are correct and that in so far as any part of the consignment contains dangerous goods such part is properly described by name and is in proper condition for cartage by air according to the applicable Dangerous Goods Regulations.The acceptance and cartage of goods by Finigate Integrated Logistics ( Australia ) is subject to Finigate Integrated Logistics (Australia) Conditions of Contract (printed on the reverse of the Finigate Integrated Logistics ( Australia ) Original House Air Waybill).Your attention is drawn to the Air Navigation Regulations 120 and Air Navigation Orders Part 33 concerning the transportation by air of dangerous goods.Non-compliance to these regulations can render the shipper liable to a find or imprisonment or both.As a Representative of ……………………………… I confirm that we are the owner or originator of cargo we present for carriage, and confirm that the cargo is prepared and handled in a manner that will not compromise its security standing.Signature of Shipper / Agent …………………………………….. Date ………. / ……….. / ………….Full Contact Name ………………………………….. Phone ………………… Fax ……………………… |