

SYDNEY OFFICE
 Mail & Street Address:
 Unit 7/92-100 Belmore Rd
 RIVERWOOD NSW 2210

Phone 61 2 8337 2400
 Fax 61 2 8337 2449

Connor Anderson International
 ACN 003 213 947
Shipping Instructions

MELBOURNE OFFICE
 33 Lambeck Drive
 TULLAMARINE VIC 3043
 PO Box 1338
 TULLAMARINE VIC 3043

Phone 61 3 9335 5000
 Fax 61 3 9335 4055

NOTICE: YOUR CARGO WILL BE SUBJECT TO SECURITY AND CLEARING PROCEDURES. IT IS ILLEGAL TO CONSIGN AS CARGO AN UNAUTHORISED EXPLOSIVE DEVICE.

REGULAR CLIENT **NON REGULAR CLIENT - Shipper to attach copy of Photo I.D. (e.g. Passport, Driver's Licence) to these Shipping Instructions.**

Shipper's Name and Address: TELEPHONE NO:		(Please Tick) 1. Is this shipment covered by Letter of Credit : YES <input type="checkbox"/> NO <input type="checkbox"/>		
		2. Ref No.....		
Consignee's Name and Address: TELEPHONE NO:		3. Reason for Export: Sale <input type="checkbox"/> Loan <input type="checkbox"/> Transfer <input type="checkbox"/> Copy & Return <input type="checkbox"/> Repair & Return <input type="checkbox"/> Other.....		
		4. Is Duty Drawback Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Notify Party Name and Address: TELEPHONE NO:		5. Invoice Value: (State Currency)..... FOB <input type="checkbox"/> CIF <input type="checkbox"/> C&F <input type="checkbox"/>		
		6. Freight: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Ex works Origin Charges: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>		
Country of Origin Destination		7. Do you require customs clearance and delivery overseas? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		8. To be forwarded by:..... Seafreight <input type="checkbox"/> Express B/L <input type="checkbox"/> Airfreight <input type="checkbox"/>		
Ship ETD		9. Arrange pick-up: Yes <input type="checkbox"/> No <input type="checkbox"/>		
		10. Cargo will be packed and ready for pickup on: Date: _____ Time: _____		
Special Instructions:		12. Can this shipment wait for weekend consolidation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		13. Shipping details to be advised to:..... Shipper <input type="checkbox"/> Consignee <input type="checkbox"/>		
No Pkgs Gross Weight lbs/kg Dimensions		14. Original documents to be sent to: Shipper <input type="checkbox"/> Consignee <input type="checkbox"/>		
		15. Hazardous <input type="checkbox"/> Non-Hazardous <input type="checkbox"/>		
Commodity		16. Special Instructions:		
		Signature		

I.D. checked and confirmed with attached photo I.D. by driver when goods collected from non-regular client Shipper.
 SIGNED (driver) (PRINT NAME:.....) DATE: