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| PORT / AIRPORT OF DEPARTURE | DESTINATION PORT / AIRPORT | DESTINATION DELIVERY POINT |
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| NAME AND ADDRESS OF SHIPPER |
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| NAME AND ADDRESS OF CONSIGNEE |
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| NOTIFY PARTY |
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SHIPPERS LETTER OF INSTRUCTION

As a representative of

I confirm that we are the owner or originator of cargo represented herein, and confirm that the cargo is prepared and handled in a manner which will not compromise its security standing.

I further confirm that the particulars shown hereon are correct and I accept the Global Logistics Alliance (Pty) Ltd Trading Conditions (available upon request or visit our website).

SIGNATURE OF SHIPPER:

NAME:

DATE:

Please Note: If 'Payment of Charges' Section is not completed freight will be charged to your account

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| FREIGHT CHARGES COLLECT (TO BE PAID BY CONSIGNEE) PREPAID (TO BE PAID BY SHIPPER) | INVOICE TERMS (Please insert) |
| FOB CHARGES COLLECT (TO BE PAID BY CONSIGNEE) PREPAID (TO BE PAID BY SHIPPER) | |

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| REQUIREMENTS VGM (1) PERMITS / PHYTO ORIGIN CERTIFICATE PACKING LIST FUMIGATION COURIER | MODE OF TRANSPORT (Specify) AIRFREIGHT SEAFREIGHT LCL 20' FCL 40' FCL |
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| MARKS and NUMBERS | NUMBER AND TYPE OF PACKAGING | DESCRIPTION OF GOODS | GROSS WEGHT | CUBIC MEASURMENT OR DIMENSIONS |
|-------------------|------------------------------|----------------------|-------------|--------------------------------|
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|-------------------|--|--------------|--|-------------------|--|
| CONTAINER NUMBER: | | SEAL NUMBER: | | CONT TARE WEIGHT: | |
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| ARE THERE DANGEROUS GOODS IN THE SHIPMENT COVERED BY THIS SHIPPERS LETTER OF INSTRUCTION? YES NO | IF ANSWERED YES, PLEASE ATTACH YOUR DANGEROUS GOODS DECLARATION |
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| DECLARED VALUE FOR CUSTOMS ZAR | CUSTOMS DUTY DRAWBACK REQUIRED YES NO |
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|-------------------------------|-----------|-----------------------------|--|
| EXPRESS BILL YES NO | OR | ORIGINAL _____ COPIES _____ | |
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| <input type="checkbox"/> <input type="checkbox"/> | |
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| DO YOU REQUIRE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PLEASE ENTER AMOUNT REQUIRED ZAR |
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| HAS TIMBER PACKING MATERIALS BEEN USED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, DO THE MATERIALS USED COMPLY WITH ISPM15 STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
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| COUNTRY OF MANUFACTURE | | | |
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| SPECIAL INSTRUCTIONS / HANDLING INFORMATION |
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