

SHIPPER: (Name, address, phone number and email)	HOUSE BILL OF LAD
	SPECIAL HANDLING

CONSIGNEE: (Name, address, phone number and email)	DELIVERY ADDRESS
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NOTIFY PARTY: (If different from above)	PURCHASE ORDER
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VESSEL NAME: (if known)	FLIGHT DETAILS: (if known)
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SEAPORT OR AIRPORT OF LOADING:

SEAPORT OR AIRPORT OF DESTINATION:	FINAL DESTINATION
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MARKS & NUMBERS:	NUMBERS AND KIND OF PACKAGES:	DESCRIPTION OF C

Pick-up Required? YES NO **TIME:**

Dangerous Goods	Hazardous <input type="checkbox"/> YES <input type="checkbox"/> NO
Class & UN Number:	

Please ensure a danger certificate is su

DOCUMENTATION ATTACHED

- Passport Copies
- Destination Customs Form x20
- Commercial Invoice
- Packing List
- Other

FREIGHT AND CHARGES

- Freight Prepaid (TO BE PAID BY THE SHIPPER)
- Freight Collect (TO BE PAID BY THE CONSIGNEE)

DO YOU REQUIRE INSURANCE?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
VALUE:3,000,000VUV		Commercial Cargo - 2.25%	
SPECIFY CURRENCY:		Personal Effects - 3%	

SIGNED BY THE SHIPPER: _____

TU.

Phone:

ING NO:

INSTRUCTIONS:

ISS -

R NUMBER:

MODE OF TRANSPORT (please specify)

SEA

AIR

TRANSHIPMENT DETAILS: (if any)

INATION:

NO. OF ORIGINAL B/L'S

GOODS

**GROSS WEIGHT
KILOGRAMS**

**TOTAL CUBIC
MEASUREMENT**

erous goods
plied

INCO/INVOICE TERMS

R)

GNEE)

Ex Works

Ex Store

FOB

Free on Board

CFR

Cost & Freight

CIF

Cost/Freight& Insurance

DDU

Delivered Duty Unpaid

DDP

Delivered Duty Paid

Other