		SHIPPERS LETTE	ER OF INSTRUCT	ION		
SHIPPERS NAME AND CONTACT NAME: CONSIGNEES NAME A		PH. NO: 5 S	INTERNATIONAL	Unit 2 / 42 Westmead PO BOX 2 Sunbury V PH: 61 3 9 FX: 61 3 9 meloffice@	/IC 3429 9339 6000	
			NOTIFT PARTT:			
CONTACT NAME: VESSEL /FLIGHT	VOY. NO	PH. NO: IS THIS SHIPMENT				
VESSEE // EIGHT	VOT. NO		IS THIS SHIPMENT O YES DOES THIS SHIPMENT CC	OR NC)	
			YES	OUS CARGO OR [NO	
AIR/SEA PORT OF I		AIR/SEA PORT OF DISCHARGE ARE THE OCEAN FREIGHT	IF SHIPMENT CONTAINS DANGEROUS GOODS PLEASE ADVISE THE FOLLOWING: UN NUMBER CLASS NUMBER FULL DESCRIPTION COUNTRY OF ORIGIN OF GOODS			
		CHARGES PREPAID OR COLLECT				
OTHER CHARGES: PREPAID OR COLLECT						
	R CIF EXW	FCA CPT CIP DAT DAP DDP	Do you require Insurance to be arranged by Wallace International YES OR NO \$ A			
TO BE COLLECTED YES OR NO						
			DO YOU REQUIRE DUTY DRAWBACK/REFUND YES OR NO			
MARKS & NOS.	NO. OF PKGS	B DESCRIPTIO	N OF GOODS	KGS	TOTAL CBM	
					DIMENSIONS L x W x H	
SHIPPER CERTIFIES THAT PARICULARS ON THE FACE HERE OF ARE CORRECT AND THAT IN SO FAR AS ANY PART OF THE CONSIGNMENT CONTAINS DANGEROUS GOODS SUCH PART IS CORRECTLY DESCRIBED BY NAME AND IS IN PROPER CONDITION FOR CARRIAGE BY AIR OR SEA ACCORDING TO THE APPLICABLE DANGEROUS GOODS REGULATIONS						
SIGNED:		TITLE:		DATED		
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	accint	