

Shipping Instruction Form

The details we need to book and document your shipment correctly

Shipper

Company: _____ Contact: _____

Address: _____

Tel: _____ Email: _____

Consignee

Company: _____ Contact: _____

Address: _____

Tel: _____ Email: _____

Shipment

Mode: ☐ Air ☐ Sea FCL ☐ Sea LCL ☐ Road

Origin: _____ Destination: _____

Commodity / description: _____

HS code (if known): _____ Pieces: _____ Gross weight (kg): _____

Dimensions / volume: _____ Incoterm: _____

Special handling (fragile, perishable, DG, temperature): _____

Required date: _____ Insurance required: ☐ Yes ☐ No

Signature: _____ Name: _____ Date: _____