SHIPPERS LETTER OF INSTRUC	CTION
* Shipper:	
* Shippers Reference:	
* Consignee Order Nos:	
Consignee if to Order State Notify Party	
please provide address details:	:
	Check If same as above
please provide address details	
if different from consignee:	
	.::
* EDN:	
* Number of Packages:	
	(in words and Figures)
Gross Weight:	
Dimensions:	
* Description of goods:	
Openial Handling Instruction	
Special Handling Instructions:	
Marks and Numbers:	
* Incoterms:	Select ▼
Incoterms Total Value:	
Currency:	
State of Manufacture for Australian Goods:	
Country of Origin for Foreign Manufactured Goods:	
* Port of Loading:	
Port of Final Destination:	
Country of Final Destination:	
Are the goods covered by the Customs Prohibited Export Regulations or another export regulation	● Yes ○ No
such as the Export Control Act?	
If yes, please supply permit number/s:	
WOODEN PACKAGING – International Plant Protection Convention	
Does your wooden packing conform to ISPM15	Yes ○ No
Payment Instructions (Please tick box)	
Local Australian Charges:	Prepaid
	Prepaid
	Prepaid
Does this shipment contain dangerous or hazardous goods? If yes, provide Hazardous Goods Declaration	Yes ○ No
Is Duty Drawback required?	Yes ○ No
Instructions (Please tick box)	
Do you need to be referred to an Insurer?	Yes ○ No
Are goods covered by a L/C	
Do you require K Line Logistics to pick up?	Yes ○ No
If you have an AHECC class for the goods, please provide on Commercial Invoice	Yes ○ No
Is K Line Logistics to arrange your Duty Drawback?	⊙ Yes ○ No
correct. I also certify that the consignment de- incendiary device or Dangerous Goods as of Goods regulations (air or sea) or that in so far Dangerous Goods such part is properly des ertification and that it is packaged according to the	nat the shipment particulars on the face hereof are scribed herein does not contain any explosive or lassified according to the applicable Dangerous ras any part of this consignment is comprised of scribed in the accompanying dangerous goods regulations and in proper condition of carriage.
* Full Name:	
Signature:	
Date:	
Please ensure a copy of Commercial Invoice and I *The INCOTERM and INCOTERM Value must Invoice	

N.B. All business is transacted in accordance with our standard trading conditions, a copy of which is available upon request