**Shipper’s Letter of Instruction - Airfreight**

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| --- | --- |
| **SHIPPER / SENDER****PHONE : REF#:** | **A close up of a sign  Description automatically generated****Toll Free: 1800 735 665****PH:** (07) 3268 6633 **FAX:** (07) 3868 357720 Harvey Street NorthEagle Farm Qld 4009Email: **airfreight@pacificaircargo.com.au**[**www.pacificaircargo.com.au**](http://www.pacificaircargo.com.au)**ABN: 76 055 106 879** |
| **CONSIGNEE / RECIEVER****PHONE :**  |
| **NOTIFY PARTY (IF REQUIRED)** | **HANDLING INFORMATION / SPECIAL INSTRUCTIONS** |
| **DO YOU REQUIRE PAC TO PICK UP SHIPMENT**  **YES**  [ ]  / **NO** [ ] If YES please Specify Date/Time:  |
| **Airport of Departure:**  |  |
| **Airport of Destination:** |  |
| **\*\*THESE GOODS MAY BE SUBJECT TO INSPECTION BY APPROVED AUTHORITIES PRIOR TO EXPORT \*\*\*** |
| **\*\*\*\*PLEASE ATTACH COMMERCIAL INVOICES\*\*\*** |
| **No. of Packages** | **Gross Weight (KG)** | **Measurements (cms)** | **Description of Goods** |
|  |  |  |  |
| **Total Pieces** | **Total KG** |  | **INSURANCE REQUIRED**  **YES** [ ]  / **NO**  [ ] Or Check with Consignee?INSURANCE AMOUNT AUD $............................ |
| **PAYMENT OF CHARGES – PLEASE SELECT** | DO YOU ARRANGE YOUR OWN EDN? **YES** [ ]  / **NO**  [ ]  |
| Freight | SENDER [ ]   | RECEIVER [ ]  | PLEASE SUPPLY AHECC CODE: |
| Origin Charges | SENDER [ ]  | RECEIVER [ ]  | EDN # |
| **DECLARED VALUE FOR CUSTOMS:** | COUNTRY OF ORIGIN: |
| **Does this shipment contain Lithium Batteries ?** YES [ ]  / NO [ ]  Have you supplied Lithium Battery Declaration? YES [ ]  / NO [ ] Does the carton containing Lithium Batteries have a Lithium Battery Label ? YES [ ]  / NO [ ]  |
| **Does this shipment contain Dangerous Goods ?** YES [ ]  / NO [ ]  (For Airfreight please attach MSDS) If yes please specify the following: UN# Class: Pkg Group:  |
|  |

**As the Shipper I certify that all particulars on this SLI are correct & I have read and accept the Standard Terms and Conditions of Contract**

**Signature: …………………………………………………………………. Date: ……………………………………………………………**

**Name (printed): ……………………………………………………… Tel: ……………………………………………………………….**