**Seafreight Shipper’s Letter of Instruction / Packing List**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 3577  20 Harvey Street North  Eagle Farm Qld 4009  Email: [**seafreight@pacificaircargo.com.au**](mailto:seafreight@pacificaircargo.com.au)  [**www.pacificaircargo.com.au**](http://www.pacificaircargo.com.au)  **ABN: 76 055 106 879** | | |
| **CONSIGNEE / RECEIVER**  **PHONE:** | | | | | | | | |
| **NOTIFY PARTY (IF REQUIRED)**  Contact name:  Email address: | | | | | | | | | **SPECIAL INSTRUCTIONS** | | |
| **DO YOU REQUIRE PAC TO PICK UP SHIPMENT**  **YES**   / **NO**  If YES please Specify Date/Time: | | | | | | | | | | | |
| **VESSEL:** |  | | | | | **ORIGIN:** | | | |  | |
| **VOYAGE:** |  | | | | | **DESTINATION:** | | | |  | |
| **\*\*\*\*PLEASE ATTACH COMMERCIAL INVOICES\*\*\*** | | | | | | | | | | | |
| **CARTONS/PALLET/SKID**  **PALLET/SKID/TUB PLS STATE NUMBER OF PKGS/ CTNS/PCS IN NO OF PKGS** | | **No. of Packages** | | **Gross Weight (KG)** | | | | **Measurements (cm)** | | | **Description of Goods** |
|  | |  | |  | | | |  | | |  |
|  | | **Total Pieces** | | **Total KG** | | | | **Total CBM** | | |  |
| **IS TIMBER PACKAGING ISPM 15 TREATED YES  / NO** | | | | | | | INSURANCE REQUIRED **YES**  / **NO**  INSURANCE AMOUNT AUD $............................ | | | | |
| **PAYMENT OF CHARGES – PLEASE SELECT** | | | | | | | DO YOU ARRANGE YOUR OWN EDN? **YES**  / **NO** | | | | |
| Origin Charges | | | PREPAID | | COLLECT | | EDN # | | | | |
| Ocean Freight | | | PREPAID | | COLLECT | | DO YOU REQUIRE ORIGINAL BILLS? **YES**   / **NO** | | | | |
| Destination Charges | | | PREPAID | | COLLECT | | LETTER OF CREDIT? **YES**   / **NO** | | | | |
| **DECLARED VALUE FOR CUSTOMS (& currency):** | | | | | | | COUNTRY OF ORIGIN: | | | | |
| **Does this shipment contain Dangerous Goods?** YES  / NO  If yes please specify the following: UN# Class: Pkg Group:  **Please note for Seafreight an M041 and Material Safety Data Sheets must be supplied for all Dangerous Goods** | | | | | | | | | | | |

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

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

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