**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 357720 Harvey Street NorthEagle Farm Qld 4009Email: **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: ……………………………………………………………….**