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**SHIPPER'S LETTER OF INSTRUCTION**

DOC#63 V1.0 24/07/2023

**PLEASE COMPLETE THIS FORM ACCURATELY AND SEND TO US WITH A COPY OF YOUR COMMERCIAL INVOICE PRIOR TO EACH EXPORT.**

**SERVICE REQUIRED:** AIR                      FCL                      LCL

Shipper

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Consignee

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Notify Party and Address

Shipper's Reference

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Additional Information

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**CHARGES**  
 Please note: If 'Payment of Charges' is not completed, freight will be charged to your account. (Please tick box required)

<b>FOB</b>	Charges Payable by: Shipper	Consignee
<b>FREIGHT</b>	Charges Payable by: Shipper	Consignee

Port of Loading		Port of Discharge	Final Destination (if on Carriage)
Marks & Numbers	Number & Kind of Packages	Description of Goods	Gross Weight (Kilos)
			Cargo dimensions L x W x H

**COMPLETION OF THIS DOCUMENT IS NECESSARY TO COMPLETE AN EXPORT ON YOUR BEHALF. PLEASE BE ACCURATE AND USE BLOCK LETTERS.**

The Shipper certifies that the particulars on the face hereof are correct and agrees to the conditions herein, and that insofar as any part of the consignment contains restricted articles such part is properly described by name and is in proper condition for carriage by air according to the international air transport association's restricted articles regulations and by sea according to International Maritime Regulations.

**DOES THIS SHIPMENT CONTAIN DANGEROUS GOODS?**

YES                      NO

*The shipper or his Authorised Agent hereby authorise CTS to prepare any export documents, to sign and accept any documents relating to said shipments and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The Shipper guarantees payment of all collect charges in the event of the consignee refusing payment. Hereunder, the sole responsibility of Aspac is as indirect carrier subject to its conditions of carriage and the sole responsibility of CTS is as agent for the direct carrier after issuance of direct carriers airwaybill/ Bill of lading. By signing this document you and your company acknowledge you have read and agreed to CTS's standard terms and conditions of contract.*

Print Name:

Signature of Shipper:

Date:

CERTIFIED TRUE AND CORRECT  
**NOTE: This form must be sign by shipper**

**DOCUMENTATION - Please tick appropriate box**

*Is this shipment covered by a Letter of Credit?*  
 If 'Yes', please provide us with a copy, to enable us to prepare documents in accordance with the Letter of Credit.

*Is this shipment subject to a Duty Drawback?*                      YES                      NO

**Would you like CTS to complete any of the following:**

Cartage	YES	NO
Export Invoices	YES	NO
Insurance	YES	NO
AQIS/DPI Documentation	YES	NO
Certificate of Origin	YES	NO
EDN	YES	NO
Other _____		

**FOB Value for EDN Purposes** \_\_\_\_\_

**Country of Origin of Goods** \_\_\_\_\_

**For seafreight, Number of Bills of Lading required:**

Express Release \_\_\_\_\_ Copies \_\_\_\_\_  
 Originals \_\_\_\_\_

**Original Shipping Documents to be:**

Returned to Shipper	YES	NO
Airmailed to Consignee or, Special Instructions:	YES	NO

**Packages as Above Received by Forwarder**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_