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| F:\NORMAN\web site\images\logo.png | | | | | | | | | | | | | | **NORMAN LOGISTICS**  (All fields marked by \* are mandatory) | | | | | | | | | |
| Shipping Instruction | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | Company: | | | |  | | | | | | |
| Shipper (Maximum 6 lines)\*: | | | | | | | | | | | | | Booking Number \*: | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
| Consignee (Maximum 6 lines)\*: | | | | | | | | | | | | | Own references: | | | | | | | References owner: | | | |
|  | | | | | | | | | | | | |  | | | | | | |  | | | |
| Notify party 1 (Maximum 6 lines): | | | | | | | | | | | | | Notify party 2 (Maximum 6 lines): | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
| Service Contract number: | | | | | | | | | | | | |  | | | | | | | | | | |
| Onward inland routing (Not part of precarriage for account and risk of merchant) | | | | | | | | | | | | | Place of issue: | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
| Vessel: | | | | | Voyage Number: | | | | | | | | Place of receipt (Only mandatory in case of inland transport under carriers responsibility) \*: | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | | |
| Port of loading\*: | | | | | Port of discharge\*: | | | | | | | | Place of delivery (Only mandatory in case of inland transport under carriers responsibility) \*: | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | | |
| **Particulars as furnished by shipper – Carrier not responsible** | | | | | | | | | | | | | | | | | | | | | | | |
| Total equipment count | | | | 20’ | | |  | | 40’ | |  | | | | | 40’high | | |  | | 45’high | |  |
| Container number\*: | | Seal Number: | | Other Seal Number: | | | | Container size/type\*: | No. of packages\*: | | | | | | Cargo description (Including package description)\*: | | | | Marks & Numbers | Gross Weight (Please indicate Kgs or Lbs )\*: | | | Volume (Please indicate CBM or FT ): |
|  | |  | |  | | | |  |  | | | | | |  | | | |  |  | | |  |
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| Freight component: | | | Prepaid or Collect Payment (Please indicate by P or C) | | | | | | | | | | | | | | | | To be paid by: | | | | |
| Ocean Freight | | |  | | | | | | | | | | | | | | | |  | | | | |
| Origin Charges | | |  | | | | | | | | | | | | | | | |  | | | | |
| Destination charges | | |  | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |
| **Documentation printing instructions** | | | | | | | | | | | | | | | | | | | | | | | |
| Number of original and copy Transport Documents required | | | | | | Shipped on board Transport Document | | | | Shipped on board waybill | | | | | | | | Received for Transport Document | | | | Received for shipment waybill | |
|  | | | | | |  | | | |  | | | | | | | |  | | | |  | |
| **Comments** | | | | | | | | | | | | | | | | | | | | | | | |
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