

To: OOCL

We, the undersigned company prepared this document declares that the information provided is accurate and true to the best of our knowledge for the creation of our Bill of Lading which is subject to the BL terms & conditions. We shall comply with all rules, laws and regulations of any national or local government and/or other authorities relating to cargo weight limit and shall indemnify OOCL for any liability, loss, damage or expenses of whatsoever nature as a result of any non-compliance.

SHIPPER/EXPORTER (COMPLETE NAME AND ADDRESS)		VAT#	BOOKING NO.	CUSTOMS ENTRY / REF.	
CONSIGNEE (COMPLETE NAME AND ADDRESS)		VAT#	EXPORTER'S REG. NO.		
NOTIFY PARTY (COMPLETE NAME AND ADDRESS)		VAT#	FORWARDING AGENT - REFERENCE		VAT#
(Use separate sheet to continue if more Notify party.)		TYPE OF BL		No. of Original	No. of Copy
		<input type="checkbox"/> Original <input type="checkbox"/> Sea Waybill			
PRE-CARRIAGE (EX VESSEL)		PLACE OF RECEIPT	INTERNET BL REQ'D (Y/N)		
INTENDED VESEL/VOYAGE		PLACE OF DELIVERY	BL DRAFT CFMN (Y/N)		
PORT OF LOADING		PORT OF DISCHARGE	FREIGHT		
			<input type="checkbox"/> Prepaid by: <input type="checkbox"/> Collect by:		
			CHARGES		
			<input type="checkbox"/> at Origin payable by: <input type="checkbox"/> at Destination payable by:		
			OTHER / SPECIAL INSTRUCTION(S):		

PER CNTR - CONTAINER NO. / SEAL NOS. / MARKS & NUMBERS	NO. OF PACKAGE/CNTR	DESCRIPTION OF GOODS (include HTS code if applicable)	CARGO GROSS WEIGHT/CNTR	CARGO CUBIC (M3)	CNTR GROSS WT/CNTR

(Use separate sheet to continue above if more entry)

Signed: _____ **Name:** _____ **Date:** _____

Signatory is held out as having the authority of the Company, which is also bound by completion and signing of this form. **[Company Name & Address:** _____]

Tel nr: _____ [_____]

Fax nr: _____ [_____]

OOCL Contact: nzcsv@oocl.com phone: 00800 6625 69 fax: 09 355 7899

For OOCL internal use only - Verification Rating OCR/INPUT QC1 QC2