We take it personally

SHIPPING INSTRUCTION

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

PER CNTR - CONTAINER NO. / SEAL NOs. / MARKS & NUMBERS	NO. OF PACKAGE/CNTR	DESCRIPTION OF GOODS (include HTS code if applicable)	CARGOGROSS 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 : ***Tel nr: 880-29121053-7*** ***Fax nr:***

Nandana/Nawaz/Indika(ob.ooclclb@slsc.lk)

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