**Ocean Bill Of Lading Instructions 🞏 ORIGINALS REQUIRED**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Shipper: |  | Booking Number: | |  | | | |
|  | | Forwarder: | | | **FMC #:** | | |
|  | |  | | | | | |
| Consignee: |  | Rate Reference Number | | |  | | |
|  | |  | | | | | |
|  | | Temperature Control Range | | | | | |
|  | | from: | **°C** | | | to: | **°C** |
| Notify Party |  |  | | | | | |
|  | | Dangerous Goods Consignments Require:  Shipper’s Declaration  Container Packing Certificate  Emergency Response Information | | | | | |
| Precarriage By: | Port of Receipt: |  | | | | | |
|  |  |  | | | | | |
| Vessel: | Port of Loading: | Type of Movement (traffic routing) | | | | | |
|  |  |  | | | | | |
| Port of Discharge: | Place of Delivery: | On Carriage By: | | | | | |
|  |  |  | | | | | |
| **PARTICULARS FURNISHED BY SHIPPER** | | | | | | | |

| **Container & Seal Number(s)**  **Marks/Numbers** | | | **Number of**  **Packages** | | **Description of**  **Packages and Goods** | | | | | | | | **Gross Weight**  **in Kilos** | | | | | **Measurement**  **in CBM** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
|  | | |  | |  | | | | | | | |  | | | | |  | |
| Type of B/Lading | | PLEASE INDICATE REQUIREMENTS | | | | | | | | | | | | | | | | | |
| Original | | Ocean Freight: | | Prepaid | | | | Collect | | Destination Terminals: | | | | | Prepaid | | | | Collect |
| Express | | Prepaid Invoice Payable By: | | | | |  | | | | | | | | | | | | |
| Document Release Instructions | | | | | | Call for Pickup of Documents | | | | | | phone: | | | |  | | | |
|  | | | | | | name: | | |  | | | | | | | | ext: | |  |
| Special Instructions/Remarks | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Signature of Shipper: |  | | | | | | | | | | Date: | | |  | | | | | |