



**AUSTRALIA INTERNATIONAL
LOGISTICS PTY LTD**
PROACTIVE SOLUTIONS WORLDWIDE

ABN 40623125655
P.O BOX 18047
Clifford Gardens QLD 4350
Ph 1300483655
Email: info@australiainternationallogistics.com

AIRFREIGHT SHIPPERS LETTER OF INSTRUCTION				
Shipper Name:		Date:		
Shipper's Actual address:		ABN:		
		Shippers Ref:		
		Shippers Collection Address:		
Shipper Contact person :				
Shipper Contact Ph:				
Shipper Contact Email :				
Collection Date and Time:				
Consignees Name:				
Consignee's Actual Address at Destination (no Po Boxes)		Consignee Contact Person		
		Consignee Contact Phone:		
		Consignee Contact Email:		
Type of Service required :	Courier Y/N	Airfreight Y/N	Direct	Defferred
Insurance :	Own: Y/N	Quote Required Y/N	Value for Customs	
Terms of Shipment: (Incoterms)		Pls Tick Relevant Box		
EXWORKS	FCA	CPT		
CIP	DAT	DAP		
DDP	Country of Origin:	Duty Drawback Required Y/N		
Airport of Departure:		Airport of Arrival :		
No of pieces	Gross Weight KGS	Dimensions : L x W x H (cms)	Nature/Description of Goods	
TTL Pieces:	TTL Weight:	TTL Volume:	m3 Consignee Ref:	
DANGEROUS GOODS	YES	NO	if yes please provide MSDS and full UN details in above Description of goods	
DG Declaration	If yes will you be supplying	Yes/No AIL to arrange third party Provider		
The shipper hereby declares that it is agreed that these prticulars are correct and that they are aware of and accept the Australia International Logistics Pty Ltd standard conditions of contract -and that the goods are received in good order for forwarding in accordance with the terms , conditions and exceptions in the signed airwaybill Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains DG's, such part is properly described by name & is in proper condition for carriage by air/sea according to the applicable Dangerous				
Good Regulations.				
NAME:		SIGNED:		DATE :



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LCL SEAFREIGHT SHIPPERS LETTER OF INSTRUCTION									
Shipper Name:					Date:				
Shipper's Actual address:					ABN:				
					Shippers Ref:				
					Shippers Collection Address:				
Shipper Contact person :									
Shipper Contact Ph:									
Shipper Contact Email :					Collection Date and Time:				
Consignees Name:									
Consignee's Actual Address at Destination (no Po Box)					Consignee Contact Person				
					Consignee Contact Phone:				
					Consignee Contact Email:				
Type of Service required :					Direct Y/N		Deffered Y/N		
Insurance :		Own: Y/N		Quote Required Y/N		Value for Customs :			
Terms of Shipment: (Incoterms)				Pls Tick Relevant Box					
EXWORKS		FCA		CPT		FAS		CFR	
CIP		DAT		DAP		FOB		CIF	
DDP	Country of Origin:				Duty Drawback Required Y/N				
Port of Departure:					Port of Arrival :				
No of pieces		Gross Weight KGS		Dimensions : L x W x H (cms)			Nature/Description of Goods		
TTL Pieces:		TTL Weight:		TTL Volume:		m3		Consignee Ref:	
DANGEROUS GOODS		YES	NO	if yes please provide MSDS and full UN details in above Description of goods					
DG Declaration		If yes will you be supplying			Yes/No	AIL to arrange third party Provider			
The shipper hereby declares that it is agreed that these prticulars are correct and that they are aware of and accept the Australia									
Good Regulations.									
NAME:				SIGNED:			DATE :		



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FCL SEAFREIGHT SHIPPERS LETTER OF INSTRUCTION				
Shipper Name:		Date:		
Shipper's Actual address:		ABN:		
		Shippers Ref:		
		Shippers Collection Address:		
Shipper Contact person :		Collection Date and Time:		
Shipper Contact Ph:		Consignee Contact Person:		
Shipper Contact Email :		Consignee Contact Phone:		
Consignees Name:		Consignee Contact Email:		
Consignee's Actual Address at Destination (no Po Boxes)				
Type of Service required :	Direct Y/N		Deferred Y/N	
Insurance :	Own: Y/N	Quote Required Y/N	Value for Customs :	
Terms of Shipment: (Incoterms)		Pls Tick Relevant Box		
EXWORKS	FCA	CPT	FAS	CFR
CIP	DAT	DAP	FOB	CIF
DDP	Country of Origin:		Duty Drawback Required Y/N	
Port of Departure:		Port of Arrival :		
Sideloader: Y/N	Wait While Load Y/N	Collect loose and the load Y/N		
No of pieces	Gross Weight KGS	Dimensions : L x W x H (cms)	Nature/Description of Goods	
20ft	Rf/FQ			
40ft	General			
TTL Pieces:	TTL Weight:	TTL Volume: m3	Consignee Ref:	
DANGEROUS GOODS	YES	NO	if yes please provide MSDS and full UN details in	
DG Declaration	If yes will you be supplying	Yes/No AIL to arrange third party Provider		
The shipper hereby declares that it is agreed that these prticulars are correct and that they are aware of Good Regulations.				
NAME:		SIGNED:		DATE :