NOTE: THE RED FIELDS ARE MANDATORY IN ORDER TO OBTAIN A BOOKING.
THE BALANCE OF INFORMATION IS NECESSARY TO ENSURE CORRECT MOVEMENT AND COSTING.

FORWARDING INSTRUCTION (OCEANFREIGHT EXPORTS)

A – SHIPPER (FULL CUSTOMS REGISTERED ADDRESS)

TEL _____ CONTACT _____

(IF LOADING ADDRESS DIFFERS FROM "SHIPPER", PLEASE INDICATE LOADING ADDRESS UNDER "SPECIAL INSTRUCTIONS" BELOW)

B – CONSIGNEE (DELIVERY ADDRESS FOR CLEARED CARGO)

TEL _____ CONTACT _____

C – NOTIFY PARTY (IF DIFFERENT TO CONSIGNEE)

TEL _____ CONTACT _____

BOOKING REFERENCE (ONLY IF PRE-BOOKED)

SHIPPER'S REFERENCE

SHIPPER'S CUSTOMS CODE & VAT NO.

LOGISTICOR
GLOBAL LOGISTICS PROVIDERS
B2 Growthpoint Industrial Estate, Bell Str, Meadowdale. 1609
Gauteng, South Africa.
TelL + 27(0)11 974 1144 Fax: +27 (11) 974 1147
info@logisticor.com www.logisticor.com

VESSEL (IF PRE-BOOKED)	VOYAGE (IF PRE-BOOKED)	PORT OF LOADING
PORT OF DISCHARGE	ON-CARRIAGE PORT	FINAL DESTINATION

CARGO DETAILS

MARKS & NUMBERS	NR. PACKAGES	DESCRIPTION OF GOODS**	GROSS MASS	CUBIC MEASURE
CONTAINER & SEAL NO. (FCL'S IF PRE-LOADED)				

IS CARGO HAZARDOUS? ☐ YES ☐ NO

IF YES, PLEASE ADVISE: UN NUMBER _____

IMCO CLASS _____

IS ADDITIONAL PACKING REQUIRED? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY: ☐ FULL CRATE ☐ SKELETON CRATE

SERVICES REQUIRED

☐ **LCL** (GROUPAGE) **OR** ☐ **FCL** (SPECIFY CONT. TYPE/SIZE ABOVE**) **OR** ☐ **OTHER** (SPECIFY ABOVE**)

INSURANCE REQUIRED? ☐ YES ☐ NO

INSURED SUM AND CURRENCY

CUSTOMS PROCEDURE

IS EXPORT UNDER CUSTOMS SUPERVISION REQUIRED FOR DUTY REBATES / RE-IMPORTATION / ACQUITTALS? ☐ YES ☐ NO

TARIFF CODE		ORIGIN OF GOODS		CUSTOMS FOB VALUE		INVOICE NO.	

NOTE: ALL SHIPMENTS WITH A CUSTOMS FOB VALUE OF ZAR50 000 OR MORE REQUIRE EITHER A BANK F178 OR NEP FORM

DOCUMENTATION REQUIREMENTS

IS A LETTER OF CREDIT INVOLVED IN THIS SALE? NO ☐ YES IF YES, PLEASE ATTACH A COPY (ADDITIONAL FEE APPLIES)

DO YOU REQUIRE: EUR1 CERTIFICATE ☐ YES ☐ NO SADC CERTIFICATE ☐ YES ☐ NO

CERTIFICATE OF ORIGIN ☐ YES ☐ NO OTHER (SPECIFY) _____

PLEASE INDICATE THE QUANTITY OF BILLS OF LADING REQUIRED: _____ ORIGINAL _____ NOT-NEGOTIABLE _____ EXPRESS RELEASE

IF LOGISTICOR ARE TO COURIER ORIGINAL DOCUMENTS ON YOUR BEHALF, PLEASE INDICATE THE ADDRESS UNDER "SPECIAL INSTRUCTIONS".

CHARGES

INDICATE CHARGES PAYABLE BY **A**, **B** OR **C**					
	ORIGIN CHARGES AND PACKING	A ☐	B ☐	C ☐	EXW–FOB
	FREIGHT AND INSURANCE	A ☐	B ☐	C ☐	FOB–CFR/CIF
	DESTINATION CLEARANCE AND DELIVERY	A ☐	B ☐	C ☐	CFR/CIF–DDU
	DUTIES / TAXES / ETC	A ☐	B ☐	C ☐	DDU–DDP

DID LOGISTICOR PROVIDE AN ESTIMATE FOR THIS MOVEMENT? ☐ NO ☐ YES – PLEASE PROVIDE ESTIMATE REF. _____

SPECIAL REQUIREMENTS / INSTRUCTIONS

DECLARATION BY SHIPPER

I DECLARE THAT ALL INFORMATION SUPPLIED HEREIN IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT.

NAME: _____ **DESIGNATION:** _____ **SIGNATURE:** _____

RECEIVED BY LOGISTICOR (MINIMUM 5 WORKING DAYS PRIOR TO LOADING)

NAME: _____ DATE & TIME: _____ SIGNATURE: _____

ALL TRANSACTIONS HANDLED IN ACCORDANCE WITH OUR STANDARD TERMS AND TRADING CONDITIONS.