


**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)

<b>A – SHIPPER</b> (FULL CUSTOMS REGISTERED ADDRESS)  TEL _____ CONTACT _____ (IF LOADING ADDRESS DIFFERS FROM "SHIPPER", PLEASE INDICATE LOADING ADDRESS UNDER "SPECIAL INSTRUCTIONS" BELOW)	<b>BOOKING REFERENCE (ONLY IF PRE-BOOKED)</b>  <b>SHIPPER'S REFERENCE</b>  SHIPPER'S CUSTOMS CODE & VAT NO. _____
<b>B – CONSIGNEE</b> (DELIVERY ADDRESS FOR CLEARED CARGO)  TEL _____ CONTACT _____	  Unit 9 Isando Industrial Park, Power Street, Isando, 1600, South Africa Tel: +27(0)11 974 1144 Fax: +27(0)11 974 1147 info@logisticor.com www.logisticor.com
<b>C – NOTIFY PARTY</b> (IF DIFFERENT TO CONSIGNEE)  TEL _____ CONTACT _____	

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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ADVISE: UN NUMBER _____ IMCO CLASS _____	IS ADDITIONAL PACKING REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY: <input type="checkbox"/> FULL CRATE <input type="checkbox"/> SKELETON CRATE
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SERVICES REQUIRED	
<input type="checkbox"/> LCL (GROUPAGE) OR <input type="checkbox"/> FCL (SPECIFY CONT. TYPE/SIZE ABOVE**) OR <input type="checkbox"/> OTHER (SPECIFY ABOVE**)	
INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURED SUM AND CURRENCY _____

CUSTOMS PROCEDURE							
IS EXPORT UNDER CUSTOMS SUPERVISION REQUIRED FOR DUTY REBATES / RE-IMPORTATION / ACQUITTALS? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE ATTACH A COPY (ADDITIONAL FEE APPLIES)	
DO YOU REQUIRE: EUR1 CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	SADC CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATE OF ORIGIN <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> EXW-FOB FREIGHT AND INSURANCE            A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> FOB-CFR/CIF DESTINATION CLEARANCE AND DELIVERY    A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> CFR/CIF-DDU DUTIES / TAXES / ETC                A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 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.  
EXPORTS TO AUSTRALIA REQUIRE A PACKING DECLARATION, AVAILABLE ON OUR WEBSITE.