



B/L NO:

Nexus Logistics Cargo Pty Ltd
 8/112 Hammond Road, Dandenong, VIC 3175
 Ph: 03-97929842/Fax: 03-97920037
 Email: mail@nexuslogisticscargo.com

Shipper Instructions

Passport No: 1 _____ 2 _____

Shipper Details (Address in Australia)	Consignee Details (Sri Lanka)
Name: _____	Name: _____
Address _____ _____	Address _____ _____
Telephone: _____	Telephone: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____

Box Item	Discription	Measurements Cm			Volume CBM
		L	W	H	
1		BOXES-STD			
1					

2	TOTAL ITEMS	
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Transport {

<input type="checkbox"/> Empty/Drop _____/____/2010	<input type="checkbox"/> Packaging Required	<input type="checkbox"/> Door to door
<input type="checkbox"/> Pick up _____/____/2010	<input type="checkbox"/> Insurance Required, If yes we will recommend you to obtain a insurance cover for your Value of the goods	

Special Requirements: _____

- # We do not take any liability for any prohibited, illegal and dangerous goods included in the shipment.
- # On consignee's arrival to the shipment destination, valid period for holding the authority to clear the shipments with consignee's passport is 3 months.
- # We shall not take any liability for any loss, damage or delay in transit otherwise consignee's request upon Marine Insurance cover without which claims will not be entered. Hereunder such undertaking being additional and without prejudice to the shipper's own liability.

	Date	Signature of the Shipper										
Office use only		LOADED/CHECKED										
<input type="checkbox"/> Clearance Paid <input type="checkbox"/> Handover		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td><td style="width: 10%;">2</td><td style="width: 10%;">3</td><td style="width: 10%;">4</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">8</td><td style="width: 10%;">9</td><td style="width: 10%;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10			
<input type="checkbox"/> Post <input type="checkbox"/> Post to SL		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										