


# SHIPPER'S LETTER OF INSTRUCTION

Shipper					
Consignee (State if "To Order")					
		<b>Christchurch</b> Tel: 64 3 358 4087 Fax: 64 3 358 4152 Email: chcenquiries@gvi.co.nz		<b>Auckland</b> Tel: 64 9 255 5891 Fax: 64 9 255 5890 Email: aklenquiries@gvi.co.nz	
Notify Party		Special Instructions			
Vessel/Aircraft	Port of Loading/Airport	Importer/Exporter Code			
Port of Discharge	Final Destination	Freight Charges Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>	Other Charges Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>	Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marks and Numbers	No of Pieces	Description of Goods	Weight	Measurement	
			Dimensions L X W X H		
Type of Service:			Terms of Sale:		
<b>Airfreight</b> Direct <input type="checkbox"/> Consolidated <input type="checkbox"/> No. of Original B/L: .....			<b>Seafreight</b> FCL/FCL <input type="checkbox"/> FCL/LCL <input type="checkbox"/> LCL/FCL <input type="checkbox"/> LCL/LCL <input type="checkbox"/>		
<b>Documents to be Prepared:</b> Export Entry <input type="checkbox"/> Drawback Entry <input type="checkbox"/> Certificate of Origin <input type="checkbox"/> Health Certificate <input type="checkbox"/> Insurance Certificate <input type="checkbox"/> Letter of Credit Compliance required <input type="checkbox"/> (Please attach copy) Shipment contains dangerous goods Yes / No (delete one)			Ex Works <input type="checkbox"/> Free On Board (FOB) <input type="checkbox"/> Cost & Freight (C&F/CRF) <input type="checkbox"/> Cost Insurance Freight (CIF) <input type="checkbox"/> Delivered Duty Unpaid (DDU) <input type="checkbox"/> Delivered Duty Paid (DDP) <input type="checkbox"/> Country of Origin: ..... Invoice Value: .....(state currency)		
			Name/Title: ..... Date: ..... Signature: .....		
All shipments are undertaken in conjunction with GVI Logistics Ltd standard terms of trade available @ www.gvi.co.nz					