SHIPPER'S LETTER OF INSTRUCTION

Shipper	
Consignee	
Notify Party	
Vessel/Voyage / Date	

PO Box 59183
Mangere Bridge
Auckland
Tel: + 64 9 255 5123
Fax: + 64 9 353 1977
exports@gdfnz.co.nz

Load	Destination	Number of Bills

Number of Packages	Description of Goods	Weight	Measure
		Weight of goods: Weight container: Total Weight:	M3
		E.C.N Container Number: Seal Number:	

CHARGES: PREPAID ❒ COLLECT ❒
If not indicated will be considered ALL CHARGES PREPAID

DO YOU REQUIRE INSURANCE? YES ❒ NO ❒

Currency Amount $

CIF ❒ FOB ❒ C&F ❒ FIS ❒ OTHER ❒
If other please specify D.A.P.

VALUE FOR CUSTOMS
CURRENCY

COUNTRY OF ORIGIN

DUTY DRAWBRACK REQUIRED? YES ❒ NO ❒
ORIGINAL Bill Of Lading Required? YES ❒ NO ❒
Subject to Letter of Credit YES ❒ NO ❒

DO YOU WISH FOR US TO ARRANGE CARTAGE?

YES ❒ NO ❒

IS PICK UP ADDRESS SAME AS ABOVE? YES ❒

IF NOT PLEASE DETAIL BELOW:

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ALL DANGEROUS GOODS CLASSIFIED AS SUCH ACCORDING TO NEW ZEALAND AND INTERNATIONAL DANGEROUS GOODS REGULATIONS HAVE BEEN DECLARED.
WE ACKNOWLEDGE ALL BUSINESS UNDERTAKEN WITH GDF NEW ZEALAND LTD IS SUBJECT TO THEIR STANDARD TERMS AND CONDITIONS. TERMS AND CONDITIONS AVAILABLE UPON REQUEST.

SIGNATURE OF SHIPPER

DATE