


CARGO SHIPPING INSTRUCTIONS 貨物運輸委託書

SHIPPER		Known Consignor no:		 <p>ALL EXPRESS LOGISTICS SERVICES LTD. (hereinafter referred to as "the Company") Workshop 2, G/F, Block B, Shatin Industrial Centre, 5-7 Yuen Shun Circuit, Shatin, HK 香港沙田小瀝源順圍5-7號沙田工業中心地下B座2號舖 Tel: (852) 3127 9981 Fax: (852) 2718 7102</p> <p>The Shipper asks the Company to receive the undermentioned cargo for delivery by air in accordance with the Company's Standard Trading Conditions and the conditions and provisions stated or referred to on the air waybill form of the carrier (s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Freight Charge (Tick in the box)</td> <td style="width: 50%;">FOB Charges (Tick in the box)</td> </tr> <tr> <td><input type="checkbox"/> To Be Prepaid</td> <td><input type="checkbox"/> To Be Prepaid</td> </tr> <tr> <td><input type="checkbox"/> To Be Collected#</td> <td><input type="checkbox"/> To Be Collected#</td> </tr> </table> <p>Shipper's Special Instructions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FOR CARRIAGE</td> <td style="width: 50%;">DECLARED VALUE FOR CUSTOMS</td> </tr> <tr> <td>INSURANCE</td> <td>SHIPPER'S C.O.D.</td> </tr> <tr> <td>AIR LINE COUNTERSIGN# <input type="checkbox"/></td> <td>Export License No. (if available)</td> </tr> </table>		Freight Charge (Tick in the box)	FOB Charges (Tick in the box)	<input type="checkbox"/> To Be Prepaid	<input type="checkbox"/> To Be Prepaid	<input type="checkbox"/> To Be Collected#	<input type="checkbox"/> To Be Collected#	FOR CARRIAGE	DECLARED VALUE FOR CUSTOMS	INSURANCE	SHIPPER'S C.O.D.	AIR LINE COUNTERSIGN# <input type="checkbox"/>	Export License No. (if available)
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INSURANCE	SHIPPER'S C.O.D.																
AIR LINE COUNTERSIGN# <input type="checkbox"/>	Export License No. (if available)																
CTC Person		Tel: _____ Fax: _____															
CONSIGNEE		Tel: _____ Fax: _____															
NOTIFY PARTY		Tel: _____ Fax: _____															
From (Place/Airport of Departure)		To (Place/Airport of Destination)		MARKS & NOS.													
				NO. OF CONTAINER(S) OR PACKAGES													
				DESCRIPTION OF GOODS (PARTICULARS DECLARED BY SHIPPER)													
				GROSS WT (KILOS)													
				MEASUREMENT (CBM OR PKG DIMENSION)													
Shipper Declaration																	
1. Please choose: <input type="checkbox"/> General Cargo <input type="checkbox"/> Dangerous Goods 2. Is there any battery in your shipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please advise: <input type="checkbox"/> Dry Battery <input type="checkbox"/> Lithium Battery <input type="checkbox"/> Others If Lithium Battery, please declare Packing Instruction & Section: _____																	
Documents accompanying air waybill <input type="checkbox"/> Commercial Invoice <input type="checkbox"/> Certificate of Origin <input type="checkbox"/> Consular Invoice <input type="checkbox"/> Others: _____ <input type="checkbox"/> Packing List			Shipper hereby guarantee payment of all freight collect charges due to the Company or the carrier if the shipment is abandoned, refused by the Consignee, returned at the shipper's request, confiscated by the Customs or for any other reason cannot be delivered within a reasonable time. Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations The goods shall not be loaded onto aircraft if they cannot pass the x-ray inspection, and the shipper shall be fully liable for all the resulting losses, damage, claims, liability, costs, charges and / or expenses. The shipper agrees that the Company shall not be liable for the aforesaid losses, damage, claims, liability, costs, charges and / or expenses. Other arrangements : In case of any other or special arrangements the Shipper agree to hold the Company exempt from any liability whatsoever arising out of unforeseen circumstances and/or acts.														
FILL UP THIS COLUMN 此欄必須填寫 <input type="checkbox"/> SELF-DELIVERY, PLEASE PROVIDE 自行送貨, 請提供: TRUCKER'S NAME 司機姓名: CONTACT NO. 聯絡電話: <input type="checkbox"/> PICK UP SERVICE 上門提貨 PICK UP ADDRESS (IF DIFFERENT TO "SHIPPER" ADDRESS) 提貨地址: (如跟以上"SHIPPER"地址相同, 不用填寫)			* SIGNATURE / STAMP OF SHIPPER OR ITS AGENT Date : _____														
All transactions are subject to the Company's Standard Trading Conditions (copy is available upon request), which in certain circumstances limit or exempt the Company's liability.																	

[*] Must be filled in.

[#] If service available.

交貨地址: (PY warehouse 柏裕倉) 沙田小瀝源順圍 5-7 號沙田工業中心 B 座 地下 1 號舖