



Shipper's Letter Of Instructions

Shipper				Consignee			
Address				Address			
Tel:				Tel:			
Port of Discharge		Final Destination		Invoice No		Date	
No.Of.Pcs		Dimension in		No.of invoice		Invoice Amount	
		<input type="checkbox"/> CM <input type="checkbox"/> Inch				<input type="checkbox"/> Sender Pay <input type="checkbox"/> Receiver Pay	
		L B H		Description Of Goods			
Mark/Nos		N/Wt G/Wt C/Wt		HS Code			
Guaranteed Remittance				Contract Type (Tick one and provide breakup)			
AD Code		IEC No		<input type="checkbox"/> FOB <input type="checkbox"/> CAF <input type="checkbox"/> CIF			
Registered In <input type="checkbox"/> DEL <input type="checkbox"/> CCU <input type="checkbox"/> BOM <input type="checkbox"/> MAA <input type="checkbox"/> BLR <input type="checkbox"/> HYD				Cost		Cost	
Type of Shipping Bill (Tick One)				Freight		Freight	
<input type="checkbox"/> NFEI <input type="checkbox"/> White Shipping Bill Non Drawback <input checked="" type="checkbox"/> Drawback				Insurance			
<input type="checkbox"/> DEPB <input type="checkbox"/> DEEC <input type="checkbox"/> EPCG Others Specify				Currency <input type="checkbox"/> USD <input checked="" type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> INR <input type="checkbox"/> Other			
DEPB Drawback		SI.No		EPCG Advance License		License No	
Annx I&II for DBK		Group Code		Regn No. & Date			
PNB A/c number				Exempt Material List			
Documents Enclosed (Tick as applicable)				Repair & Return (Tick and confirm following documents have been attached)			
<input checked="" type="checkbox"/> TNT AWB (Duly Completed)				<input type="checkbox"/> Certificate of Origin <input type="checkbox"/> GSP Form <input type="checkbox"/> ARE-1 <input type="checkbox"/> SDF <input type="checkbox"/> ADC			
<input checked="" type="checkbox"/> Original Invoice (5 copies)				<input type="checkbox"/> Non-hazardous Declaration <input type="checkbox"/> MSDS/COA <input type="checkbox"/> GR Waiver Letter			
<input checked="" type="checkbox"/> Original Packing List (5 copies)				<input type="checkbox"/> Fumigation/Phytosenatary <input type="checkbox"/> IEC with PAN no. (Photocopy) <input type="checkbox"/> DEEC Certificate			
<input type="checkbox"/> Annexure-c (For EOU)				<input type="checkbox"/> Annexure - A <input type="checkbox"/> Others(Specify) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Annexe-c (For EOU)				GSP to be obtained by TNT *			
Packaging Details				Repair & Return (Tick and confirm following documents have been attached)			
<input type="checkbox"/> Wooden Box <input type="checkbox"/> Carton Box				<input type="checkbox"/> Import Bill of Entry (Original) <input type="checkbox"/> Import Invoice (Original)			
<input type="checkbox"/> Fumigation Done <input type="checkbox"/> Fumigation to be done				<input type="checkbox"/> CE Certificate (Original) <input type="checkbox"/> Open and Examination (Letter)			
Any Other Handling Information							
TYPE OF SHIPPING BILL (SELECT YES/NO)				BELOW DOCUMENTS REQUIRED WITH SHIPMENTS			
A FREE TRADE SAMPLE (NON-COMM)		<input type="checkbox"/> YES <input type="checkbox"/> NO		FREE TRADE SAMPLE-VALUE FOR CUSTOMS-NOT FOR SALE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
B DUTY FREE COMMERCIAL		<input type="checkbox"/> YES <input type="checkbox"/> NO		NOTHING SPECIFIC		<input type="checkbox"/> YES <input type="checkbox"/> NO	
C EOU SHIPPING BILL		<input type="checkbox"/> YES <input type="checkbox"/> NO		ANNEX C1 & ARE-1 & SDF FORM		<input type="checkbox"/> YES <input type="checkbox"/> NO	
D DUTY DRAWBACK		<input type="checkbox"/> YES <input type="checkbox"/> NO		DBK SL NO, ANNEX I, II, III, SDF FORM, (LEATHER DECLARATION)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
E DUITIABLE SHIPPING BILL		<input type="checkbox"/> YES <input type="checkbox"/> NO		RATE OF CESS/ DUTY TO BE PAID AT CUSTOMS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
F DEPBB SHIPPING BILL		<input type="checkbox"/> YES <input type="checkbox"/> NO		DEPB GROUP CODE/SL NO., SDF FORM, DEPBB DECL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
G DFIA		<input type="checkbox"/> YES <input type="checkbox"/> NO		DBK SL NO, ANNEX I, II, III, SDF FORM, (LEATHER DECLARATION)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
H EPCG SHIPPING BILL		<input type="checkbox"/> YES <input type="checkbox"/> NO		RATE OF CESS/ DUTY TO BE PAID AT CUSTOMS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
I ADVANCE LICENSE SHIPPING BILL		<input type="checkbox"/> YES <input type="checkbox"/> NO		DEPB GROUP CODE/SL NO., SDF FORM, DEPBB DECL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
J REPAIR & RETURN		<input type="checkbox"/> YES <input type="checkbox"/> NO		ORIGINAL B/E, IMP INV/PKG LIST/GR WAIVER ON GR FORM, CHARTERED ENGG CERTIFICATE, EXPORT INVOICE/PKG LIST		<input type="checkbox"/> YES <input type="checkbox"/> NO	
K DUTY DRAWBACK (SEC: 74)		<input type="checkbox"/> YES <input type="checkbox"/> NO		ORIGINAL B/E, IMP INV/PKG LIST/GR WAIVER, EXPORT INV/PKG LIST, AUTHORITY LETTER ADDRESSED TO DEP. COMMISSIONER.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Contact number :				Signature & Stamp of the Wholesaler / Business Associates			
Contact Name :							
<p>Declaration: You are hereby requested and authorized upon receipt of the consignment described herein to prepare and sign the Airway Bill and all other necessary document(s) on our behalf and dispatch the consignment in accordance with the conditions of contract on the Airway Bill.</p> <p>I/We certify that the content of this consignment are properly identified by name in so far as any part of the consignment contains dangerous goods, such part is in proper condition for carriage by air according to the applicable dangerous goods regulations. If at any stage, upon examination of the contents of the consignment is found or appear to be that the contents differ from our declaration in part or full, we are aware that we will be solely liable and fully responsible as to the cost and consequences of any action brought forward arising from such mis-declaration by the India Customs or any other authorities. Further we confirm that you are undertaking to forward our shipments as agents only and as such no liability of any nature arising out not any cause shall rest with you.</p> <p>We accept any liabilities arising out of non-acceptance of this consignment at destination including Freight charges, demurrage charges and any other charges irrespective of whether the consignment is booked on Freight prepaid or Charges collect basis.</p> <p>We hereby undertake to pay any charges shown on the face of the Airway Bill immediately on presentation of the Airway Bill or in accordance with the written agreement between us. In case of non-payment, we authorize you not to handover documents to and/or to hold our consignment with you or with the airline till your account is settled by us and for this act we shall not claim any damage and/or compensation of any nature from you. In case of overdue bills, we agree to make payment to your of interest there on the rate of not less than twenty four percent per annum. You will not be responsible for any delays caused for any reason whatsoever in Airfreighting of our consignments, nor will you be responsible for any mishap of any nature, damage or theft of the consignment for reasons beyond your control.</p> <p>We hereby confirm that the particulars furnished in this document and all other related documents concerning this shipment are true and correct. We hereby agree to be bound by the terms & conditions contained in the Consignment Note.</p>							
Place & Date of Issue				Signature, Name, Designation & Company Stamp			
* Preparation of GSP/ Endorsement etc are not the part of services provided by TNT, hence the same will be billed by TNT separately, as and when we are requested to prepare the same.							