

Shipper / Exporter (Name & Address)

Shipping Order No.

Tel No.
Fax No. E-mail :



CL CONSOLIDATORS SERVICES LTD.

Consignee

SHIPPING ORDER

Notify

CFS/CFS

CFS/CY

CY/CY

CY/CFS

Freight payable at

Original B/Ls required

Place of Receipt

Number of Originals

Vessel

Port of Loading

Port of Discharge

Final Destination

Marks & Number

No. of Pkgs

Descriptions of Goods

Kgs.

CBM

Above Particulars Declared By Shipper

Packing premises (FCL cargo only)

Packing date :

Chop & Signature

Contact person :

Packing time :

Tel. No.

Type & size of
container

Date