

**SHIPPER'S INSTRUCTINS TO ARRANGE FOR SHIPMENT OF GOODS**

From Shipper ("The Customer")  Business  Reg. No. _____ Tel. No. _____ Consignee		To The Agent  <div style="text-align: center;">  <p><b>TRANS AIR FREIGHT (HK) LTD.</b>                      INTERANTIONAL FORWARDERS AND CONSOLIDATORS                      HEAD OFFICE Trans-am Air Freight (HK) Ltd.                      Unit 7, G/F., Kowloon Bay Ind. Centre,                      15 Wang Hoi Road, Kowloon Bay,                      Kowloon, Hong Kong.                      TEL: 27966288 (8 LINES) AIR                      27996666 (8 LINES) SEA                      Fax: 27960616, 27518262 AIR                      E-Mail: air@trans-am.com.hk</p> </div>					
		Airfreight charges: <input type="checkbox"/> To be prepaid <input type="checkbox"/> To be collected (if service available)					
		Other Charges <input type="checkbox"/> To be prepaid <input type="checkbox"/> To be collected (if service available)					
		Country of Origin (Goods): _____					
MAWB No. _____		HAWB No. _____		Export Licence No. _____			
Name of Carrier _____		Departure Airport _____		Cert.of Origin No. _____			
Destination _____		Airline Counter Signature <input type="checkbox"/> Yes <input type="checkbox"/> No		Other _____			
Specify Currency: _____	Declared Value for Carriage _____	Declared Value for Customs _____	Insurance Amount _____	Shipper's C.O.D. _____			
Documents to accompany airwaybill or house airwaybill Packing List <input type="checkbox"/> ; Commercial Invoice <input type="checkbox"/> ; Certificate of Origin <input type="checkbox"/> ; consular Invoice <input type="checkbox"/> ;							
Special Instructions: _____ Notify Party _____  No. and Kind of Packages: _____							
Marks Nos.: Description of Goods		Gross weight		Measurement			
The Agent acknowledges receipt of the above instructions from the Customer. This acknowledgement does not constitute an acceptance of the instructions by the Agent. Acceptance of the instructions will be mark by way of the house of the Agent's House AirWaybill, HouseAirbill, Air Consignment Note or the Air Carrier's AirWaybill or other such similar documents.  Where goods or documents are delivered to and accepted by the Agent before the Agent accepts the Customer's instruction, no liability whatsoever for such goods or documents will be accepted by the Agent. If, however, the Agent is held to be liabel. all the Provisions of limitation of liabilities specified in the conditions of contract overleaf will apply. The Customer shall reimburse the Agent with all expenses and costs incurred and with indemnity the Agent for all losses and liabilities howsoever caused.		<p style="text-align: center;"><b>SHIPPER'S DECLARATION</b></p> 1. The Customer declares that all descriptions, values and other particular furnished herein are accrate and complete, the customer undertaken to indemnity the agent against all losses damages expenses lines and any other liabilities whatsoever arising from any inaccuracy or omission, even if such inaccuracy or omission is not due to any negligence. 2. The Customer declares that pursuant to Condition 15 of the Conditions of Contract overlaeaf it shall be responsible for all charges and expenses relating to the goods whether or not the charges and expenses are to be prepaid or collected. 3. The undersigned authorized officer of the Customer hereby declare that he has read the Con- ditions of Contrac overleaf and the terms and conditions appearing on this page and that he fully understands them and agrees on behalf of the Customer that they should form part of the contract which, upon acceptance to the above instructions by the Agent, will be concluded between the Customer and the Agent.					
Signature and stamp  _____ Date: (Month / Day / Year)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Signatory's Name in Block Letters</td> </tr> <tr> <td>Signature and Stamp</td> </tr> <tr> <td>Date: _____ Date(Month/Day/Year)</td> </tr> </table>			Signatory's Name in Block Letters	Signature and Stamp	Date: _____ Date(Month/Day/Year)
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