

**SHIPPER'S LETTER OF INSTRUCTION**

<b>Shipper Name :</b> Address :			<span style="font-size: 1.2em; font-weight: bold; margin-left: 10px;">sure <i>we can</i></span>																					
Telephone :                      Fax :			<b>Head Office</b> TNT India Private Limited, 82/11, Richmond Road, Bangalore - 560025 Karnataka, India Tel: 91-80-41248341   Fax: 91-80-2392227 <b>New Delhi</b> Khasara no 1024, C-100, Lane no 6, Mahipalpur, New Delhi - 110037, India Tel: 91-11-30681838   Fax: 91-11-30681839 <b>Mumbai</b> 125, Jicendra Industrial Estate, Ancheri, Kurla Road, Mumbai - 400093, India Tel: 91-22-28271616   Fax: 91-22-28271626 <b>Chennai</b> No. 35, 3rd Cross, VVest CIT Nagar, Nandanam, Chennai - 600035, India Tel: 91-44-24315100   Fax: 91-44-24315119 <b>Kolkata</b> DS-1, Manicktala Civic Center, 1/16 VIP Road, CIT Scheme, Kolkata - 700057, India Tel: 91-33-23552680   Fax: 91-33-23552687																					
<b>Consignee Name :</b>  Fax :			Invoice Number & Date                      IEC Number  PAN Number																					
<b>Port of Discharge</b>		<b>Final Destination</b>	Number of Invoices <input type="checkbox"/> <b>Sender Pays</b> <input type="checkbox"/> <b>Receiver Pays</b>																					
<b>Net Weight</b>	<b>Gross Weight</b>	<b>Dimension</b>	Total Invoice Amount																					
<b>Mark &amp; Numbers</b>		<b>Number of Packages</b>	<b>Contract Type</b> (Tick one and provide break up) <input type="checkbox"/> <b>FOB</b> <input type="checkbox"/> <b>C&amp;F</b> <input type="checkbox"/> <b>CIF</b> Cost : .....                      Cost : .....  Freight : .....                      Insurance : .....  Freight : .....																					
<b>Description of Goods</b>			<b>Currency</b> <input type="checkbox"/> <b>USD</b> <input type="checkbox"/> <b>EUR</b> <input type="checkbox"/> <b>GBP</b> <input type="checkbox"/> <b>INR</b> <input type="checkbox"/> <b>Other</b> .....																					
<b>Guaranteed Remittance</b> AD Code .....			<b>Type of Shipping Bill</b> (Tick one) <input type="checkbox"/> <b>NFEI</b> <input type="checkbox"/> <b>White Shipping Bill</b> <input type="checkbox"/> <b>Drawback</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> <b>DEPB</b> <input type="checkbox"/> <b>DEEC</b> <input type="checkbox"/> <b>EPCG</b> Specify .....																					
<b>Documents Enclosed</b> (Tick where applicable) <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>TNT Airway Bill</b>                      (duly completed)                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> <b>GR Waiver Letter</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Original Invoice</b>                      (05 Copies)                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Certificate of Origin</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Original Packing List</b>                      (05 Copies)                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Non-hazardous Declaration</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>GSP Form</b> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>MSDS/COA</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>IEC with PAN Number</b>                      (photocopy)                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Fumigaation/Phytosanitary Certificate</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>ARE-1</b> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>DEEC Cetificate</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>SDF</b> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>ADC</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Annexure-A</b> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Annexure-C</b>                      for EOU                 </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Others</b>                      (Please specify) .....                 </td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> <b>TNT Airway Bill</b> (duly completed)	<input type="checkbox"/> <b>GR Waiver Letter</b>	<input type="checkbox"/> <b>Original Invoice</b> (05 Copies)	<input type="checkbox"/> <b>Certificate of Origin</b>	<input type="checkbox"/> <b>Original Packing List</b> (05 Copies)	<input type="checkbox"/> <b>Non-hazardous Declaration</b>	<input type="checkbox"/> <b>GSP Form</b>	<input type="checkbox"/> <b>MSDS/COA</b>	<input type="checkbox"/> <b>IEC with PAN Number</b> (photocopy)	<input type="checkbox"/> <b>Fumigaation/Phytosanitary Certificate</b>	<input type="checkbox"/> <b>ARE-1</b>	<input type="checkbox"/> <b>DEEC Cetificate</b>	<input type="checkbox"/> <b>SDF</b>	<input type="checkbox"/> <b>ADC</b>	<input type="checkbox"/> <b>Annexure-A</b>	<input type="checkbox"/> <b>Annexure-C</b> for EOU	<input type="checkbox"/> <b>Others</b> (Please specify) .....		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <b>DEPB/ Drawback</b>                      Sl. No. ....                      Grp Code .....                      Bank A/c No .....                      Annx I&amp;II for DBK .....                 </td> <td style="width:50%; vertical-align: top;"> <b>EPCG/ Advance license</b>                      License No ...                      Regn No &amp; Date ...                      Exepmted Material List .....                 </td> </tr> </table>		<b>DEPB/ Drawback</b> Sl. No. ....                      Grp Code ..... Bank A/c No ..... Annx I&II for DBK .....	<b>EPCG/ Advance license</b> License No ... Regn No & Date ... Exepmted Material List .....
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<b>Packing Details</b> <input type="checkbox"/> <b>Wooden Box</b> if wooden box than tick: <input type="checkbox"/> Fumigation Done <input type="checkbox"/> <b>Carton Box</b> <input type="checkbox"/> Fumigation to be done			<b>PNB A/C number</b>  <b>Declaration</b> 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.  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.  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.																					
<b>Repair &amp; Return</b> (tick and confirm the document have been attached) <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> <b>Import Bill of Entry</b>                      (Original)                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> <b>Import Invoice</b>                      (Original)                 </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>CE Certificate</b>                      (Original)                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Open &amp; Examination Letter</b> </td> </tr> </table>			<input type="checkbox"/> <b>Import Bill of Entry</b> (Original)	<input type="checkbox"/> <b>Import Invoice</b> (Original)	<input type="checkbox"/> <b>CE Certificate</b> (Original)	<input type="checkbox"/> <b>Open &amp; Examination Letter</b>	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.																	
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<input type="checkbox"/> <b>CE Certificate</b> (Original)	<input type="checkbox"/> <b>Open &amp; Examination Letter</b>																							
<b>Any other Handling information</b>			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.  <b>Place &amp; Date of Issue :</b>																					
Preparation of GSP/Endorsment etc are not the part of services provided by TNT, hence the will be billed by TNT separately. As and when we are requested to prepare the same.			Signature, Name, Designation and Company Stamp																					