

**In order to book you export cargo, you will need to present the following documentation:**

#### **AIR FREIGHT**

1. SLI (Shipper Letter of Instruction) – A blank template & instruction sheet is provided for you.
2. A photocopy of your passport
3. A Packing List/Inventory report of your goods

If you wish to send your cargo, please consider the following question:

Will you pack the goods yourself?

If so, please ensure that you have adequate packing for export. If in doubt, be over cautious. VTI Logistics can offer a crating and packing service for you.

When our drivers come to collect your goods, please make sure that each box carton and or crate is open. Our driver must inspect your goods for airline security purposes.

#### **SEA FREIGHT**

1. FI (Forwarding Instruction) – A blank template & instruction sheet is provided for you.
2. A photocopy of your passport
3. A Packing List/Inventory report of your goods

If you wish to send your cargo, please consider the following question:

Will you pack the goods yourself?

If so, please ensure that they are adequately packed for export. If in doubt, be over cautious. VTI Logistics can offer a crating and packing service for you.

## KEY – SHIPPERS LETTER OF INSTRUCTION - AIRFREIGHT

1. Your Name/Company, Address and Contact details in Australia.
2. Your reference number.
3. Your Name/Company, Address and Contact details overseas.
4. Any other party that needs to be notified on arrival of goods.
5. Airport your goods are being exported from.
6. Airport and country your goods are being exported to.
7. Please sign and date.
8. Number of packages.
9. Approximate weight of goods.
10. Approximate cubic measurement of goods.
11. The markings and numbers that are on your goods.
12. Detailed description of the goods.
13. Please tick the boxes as to where you will pay the said charges.
14. Value of the goods for custom purposes.
15. Please advise if you require insurance.
16. Export Clearance number if known.
17. Do you require VTI Logistics to arrange your Customs Clearance at destination?
18. Please sign.

| Shipper <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Consignor's Ref <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
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| Consignee (IF "TO ORDER" SO INDICATE) <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | <p><b>SHIPPER LETTER OF INSTRUCTIONS<br/>AIR FREIGHT EXPORT</b></p> <p>The shipper certifies that the particulars on the face hereof are correct, agrees to the CONDITIONS ON REVERSE HEREOF <b>AND THAT INsofar AS any part of the consignment contains restricted articles, such part is properly described by name and is in proper condition for carriage by air according to the International Air Transport Associations' Restricted Articles Regulations.</b></p> |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Also Notify <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Airport of Departure <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Airport of Destination <b>6</b> | Signature of Shipper <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | Date                         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| NO. OF PACKAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GROSS WEIGHT (KGS)              | MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MARKS & NUMBERS | NATURE AND QUANTITY OF GOODS |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| <b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9</b>                        | <b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>11</b>       | <b>12</b>                    |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| <p>INSTRUCTIONS ON HOW TO COMPLETE THIS DOCUMENT</p> <h1 style="margin: 0;">SAMPLE</h1>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| <p>TICK IF APPLICABLE <b>13</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">PREPAID</td> <td style="text-align: center;">COLLECT</td> </tr> <tr> <td>AIRFREIGHT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>INSURANCE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CARTAGE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ECN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PACKING &amp; LABELLING</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>AWB /DOC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PREPAID         | COLLECT                      | AIRFREIGHT | <input type="checkbox"/> | <input type="checkbox"/> | INSURANCE | <input type="checkbox"/> | <input type="checkbox"/> | CARTAGE | <input type="checkbox"/> | <input type="checkbox"/> | ECN | <input type="checkbox"/> | <input type="checkbox"/> | PACKING & LABELLING | <input type="checkbox"/> | <input type="checkbox"/> | AWB /DOC | <input type="checkbox"/> | <input type="checkbox"/> | OTHER | <input type="checkbox"/> | <input type="checkbox"/> | <p>VALUE FOR CUSTOMS: <b>14</b></p> <hr/> <p>INSURANCE BY VTI <b>15</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>AMOUNT      CURRENCY</p> <hr/> <p>ECN No.: <b>16</b></p> <hr/> <p><b>FREE DOMICILE AUTHORITY <b>17</b></b></p> <p>I/We hereby authorise VTI Pty Ltd to arrange customs clearance and delivery at destination and agree to be liable for clearing for clearing and delivery charges thereon.</p> <p>INCLUDING DUTY:    <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PREPAID                         | COLLECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| AIRFREIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| CARTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| ECN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| PACKING & LABELLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| AWB /DOC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| <b>IMPORTANT – "DANGEROUS GOODS DECLARATION"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| <p>Important Declaration <b>18</b></p> <p>I _____ being a duly authorised representative of the exporter certify that; (please complete the option below)</p> <p><b>NON HAZARDOUS</b><br/>NONE of the cargo detailed in this instruction is classified in terms of the I.C.A.O./I.A.T.A. DANGEROUS GOODS REGULATIONS</p> <p>Signature: _____ Title: _____</p> <p><b>HAZARDOUS</b><br/>Included in the cargo detailed are items that are classified in the terms of the I.C.A.O./I.A.T.A. DANDEROUS GOODS REGULATIONS. We certify that the supporting documentation and packing is in compliance of the said regulations.</p> <p>Signature: _____ Title: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                              |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |

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| Shipper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | Consignor's Ref                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| Consignee (IF "TO ORDER" SO INDICATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | <p><b>SHIPPER LETTER OF INSTRUCTIONS<br/>AIR FREIGHT EXPORT</b></p> <p>The shipper certifies that the particulars on the face hereof are correct, agrees to the CONDITIONS ON REVERSE HEREOF <b>AND THAT INSOFAR AS any part of the consignment contains restricted articles, such part is properly described by name and is in proper condition for carriage by air according to the International Air Transport Associations' Restricted Articles Regulations.</b></p> |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| Also Notify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| Airport of Departure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | Airport of Destination                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature of Shipper                      Date |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| NO. OF PACKAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GROSS WEIGHT (KGS)           | MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MARKS & NUMBERS                                | NATURE AND QUANTITY OF GOODS |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
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| <b>TICK IF APPLICABLE</b><br><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">PREPAID</td> <td style="width:25%; text-align: center;">COLLECT</td> </tr> <tr> <td>AIRFREIGHT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>INSURANCE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CARTAGE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ECN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PACKING &amp; LABELLING</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>AWB /DOC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | PREPAID                      | COLLECT | AIRFREIGHT | <input type="checkbox"/> | <input type="checkbox"/> | INSURANCE | <input type="checkbox"/> | <input type="checkbox"/> | CARTAGE | <input type="checkbox"/> | <input type="checkbox"/> | ECN | <input type="checkbox"/> | <input type="checkbox"/> | PACKING & LABELLING | <input type="checkbox"/> | <input type="checkbox"/> | AWB /DOC | <input type="checkbox"/> | <input type="checkbox"/> | OTHER | <input type="checkbox"/> | <input type="checkbox"/> | <b>VALUE FOR CUSTOMS:</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">INSURANCE BY VTI</td> <td style="width:15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width:15%; text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>AMOUNT</td> <td colspan="2" style="text-align: center;">CURRENCY</td> </tr> <tr> <td colspan="3">ECN No.:</td> </tr> <tr> <td colspan="3"><b>FREE DOMICILE AUTHORITY</b></td> </tr> <tr> <td colspan="3">I/We hereby authorise VTI Pty Ltd to arrange customs clearance and delivery at destination and agree to be liable for clearing for clearing and delivery charges thereon.</td> </tr> <tr> <td>INCLUDING DUTY:</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table> |  | INSURANCE BY VTI | <input type="checkbox"/> YES | <input type="checkbox"/> NO | AMOUNT | CURRENCY |  | ECN No.: |  |  | <b>FREE DOMICILE AUTHORITY</b> |  |  | I/We hereby authorise VTI Pty Ltd to arrange customs clearance and delivery at destination and agree to be liable for clearing for clearing and delivery charges thereon. |  |  | INCLUDING DUTY: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PREPAID                      | COLLECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| AIRFREIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| CARTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| ECN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| PACKING & LABELLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| AWB /DOC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| INSURANCE BY VTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CURRENCY                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| ECN No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| <b>FREE DOMICILE AUTHORITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
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| INCLUDING DUTY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| <b>IMPORTANT – "DANGEROUS GOODS DECLARATION"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |
| <p>Important Declaration</p> <p>I _____ being a duly authorised representative of the exporter certify that; (please complete the option below)</p> <p><b>NON HAZARDOUS</b><br/>         NONE of the cargo detailed in this instruction is classified in terms of the I.C.A.O./I.A.T.A. DANGEROUS GOODS REGULATIONS</p> <p>Signature: _____ Title: _____</p> <p><b>HAZARDOUS</b><br/>         Included in the cargo detailed are items that are classified in the terms of the I.C.A.O./I.A.T.A. DANGEROUS GOODS REGULATIONS. We certify that the supporting documentation and packing is in compliance of the said regulations.</p> <p>Signature: _____ Title: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                              |         |            |                          |                          |           |                          |                          |         |                          |                          |     |                          |                          |                     |                          |                          |          |                          |                          |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                              |                             |        |          |  |          |  |  |                                |  |  |                                                                                                                                                                           |  |  |                 |                              |                             |

#### KEY - FORWARDING INSTRUCTION - SEAFREIGHT

1. Your Name/Company, Address and Contact details in Australia.
2. Your reference number.
3. Your Name/Company, Address and Contact details overseas.
4. Any other party that needs to be notified on arrival of goods.
5. The type of transportation service required –  
Door to Door = Door to Door  
CFS to CFS = Depot to Depot  
Port to Port = Port to Port  
Or any combination of the above
6. The vessel and voyage number your cargo is being transhipped, if known.
7. Australian port your goods are being exported from.
8. If you require VTI to arrange cartage, please advise suburb.
9. Are you paying for the service in Australia or at destination?
10. The discharge port of the country you are sending your goods to, or if the cargo is transhipped via another country/port please add this port.
11. Port and country your goods are being exported to.
12. Final place of delivery.
13. Export Clearance number if known.
14. Number of pieces and packaging type, eg carton, pallet.
15. Approximate weight of goods.
16. Approximate cubic measurement of goods.
17. The markings and numbers that are on your goods.
18. Detailed description of the goods.
19. If insurance is required and value of goods.
20. Who will be paying for the transportation cost?
21. If cartage is required, please advise the pick up address and contact details.
22. Any special instructions.
23. Are the goods hazardous?
24. Please date.
25. Please date and sign.

|                                                                                                                                                                                               |                             |                                                                                                                                                                                                |                                                                                                                                                                                          |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Shipper <b>1</b>                                                                                                                                                                              |                             | Consignor's Ref <b>2</b>                                                                                                                                                                       |                                                                                                                                                                                          |                              |
| Consignee (IF "TO ORDER" SO INDICATE) <b>3</b>                                                                                                                                                |                             | <b>FORWARDING INSTRUCTIONS</b><br>CIRCLE SERVICE REQUIRED <b>5</b><br><br>From: <b>DOOR</b> To: <b>DOOR</b><br><b>CFS</b> <b>CFS</b><br><b>WHARF</b> <b>WHARF</b><br><b>OTHER</b> <b>OTHER</b> |                                                                                                                                                                                          |                              |
| Notify Party <b>4</b>                                                                                                                                                                         |                             |                                                                                                                                                                                                |                                                                                                                                                                                          |                              |
| Vessel / Voyage <b>6</b>                                                                                                                                                                      | Port of Loading <b>7</b>    | Place of Acceptance <b>8</b>                                                                                                                                                                   | Freight Payable <b>9</b>                                                                                                                                                                 |                              |
| Port of Discharge <b>10</b>                                                                                                                                                                   | Final Destination <b>11</b> | Place of Delivery <b>12</b>                                                                                                                                                                    | ECN <b>13</b>                                                                                                                                                                            |                              |
| NO. OF PACKAGES                                                                                                                                                                               | GROSS WEIGHT (KGS)          | MEASUREMENT                                                                                                                                                                                    | MARKS & NUMBERS                                                                                                                                                                          | NATURE AND QUANTITY OF GOODS |
| <b>14</b>                                                                                                                                                                                     | <b>15</b>                   | <b>16</b>                                                                                                                                                                                      | <b>17</b>                                                                                                                                                                                | <b>18</b>                    |
| <p>INSTRUCTIONS ON HOW TO COMPLETE THIS DOCUMENT</p> <h1 style="margin: 0;">SAMPLE</h1>                                                                                                       |                             |                                                                                                                                                                                                |                                                                                                                                                                                          |                              |
| <b>DETAILS OF CARGO AS DECLARED BY SHIPPER</b> <b>19</b><br>Insurance Instructions<br>(Can be arranged by VTI at additional cost)                                                             |                             |                                                                                                                                                                                                | <b>SPECIAL INSTRUCTIONS</b> <b>22</b>                                                                                                                                                    |                              |
| <b>CHARGES PAYABLE</b> <b>20</b><br>Consignee <input type="checkbox"/> Shipper <input type="checkbox"/> Third Party <input type="checkbox"/>                                                  |                             |                                                                                                                                                                                                | <b>HAZARDOUS CARGO</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>23</b>                                                                                                |                              |
| <b>PICK UP INSTRUCTIONS</b> <b>21</b>                                                                                                                                                         |                             |                                                                                                                                                                                                | Goods consigned for forwarding in accordance with Conditions on back hereof. We certify that no prohibited packing materials have been used in the packing of the above goods. <b>25</b> |                              |
| <b>DELIVERY INSTRUCTIONS</b> <b>24</b><br>Goods Herein describing numbering packages received for forwarding in Accordance with Conditions on back hereof<br><br>Signature: _____ Date: _____ |                             |                                                                                                                                                                                                | Signature: _____ Date: _____                                                                                                                                                             |                              |

|                                                                                                                                                                                                |                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|-----------------|------------|------------|--------------|--------------|--------------|--------------|
| Shipper                                                                                                                                                                                        |                    | Consignor's Ref                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| Consignee (IF "TO ORDER" SO INDICATE)                                                                                                                                                          |                    | <p style="text-align: center;"><b>FORWARDING INSTRUCTIONS</b></p> <p>CIRCLE SERVICE REQUIRED</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">From: <b>DOOR</b></td> <td style="width: 50%;">To: <b>DOOR</b></td> </tr> <tr> <td><b>CFS</b></td> <td><b>CFS</b></td> </tr> <tr> <td><b>WHARF</b></td> <td><b>WHARF</b></td> </tr> <tr> <td><b>OTHER</b></td> <td><b>OTHER</b></td> </tr> </table> |                                                                                                                                                                                                                                                                       |                              | From: <b>DOOR</b> | To: <b>DOOR</b> | <b>CFS</b> | <b>CFS</b> | <b>WHARF</b> | <b>WHARF</b> | <b>OTHER</b> | <b>OTHER</b> |
| From: <b>DOOR</b>                                                                                                                                                                              | To: <b>DOOR</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| <b>CFS</b>                                                                                                                                                                                     | <b>CFS</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| <b>WHARF</b>                                                                                                                                                                                   | <b>WHARF</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| <b>OTHER</b>                                                                                                                                                                                   | <b>OTHER</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| Notify Party                                                                                                                                                                                   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| Vessel / Voyage                                                                                                                                                                                |                    | Port of Loading                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       | Place of Acceptance          |                   |                 |            |            |              |              |              |              |
| Port of Discharge                                                                                                                                                                              |                    | Final Destination                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                       | Freight Payable              |                   |                 |            |            |              |              |              |              |
| Place of Delivery                                                                                                                                                                              |                    | ECN                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| NO. OF PACKAGES                                                                                                                                                                                | GROSS WEIGHT (KGS) | MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                  | MARKS & NUMBERS                                                                                                                                                                                                                                                       | NATURE AND QUANTITY OF GOODS |                   |                 |            |            |              |              |              |              |
|                                                                                                                                                                                                |                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| <p><b>DETAILS OF CARGO AS DECLARED BY SHIPPER</b></p> <p>Insurance Instructions<br/>(Can be arranged by VTI at additional cost)</p>                                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>SPECIAL INSTRUCTIONS</b></p>                                                                                                                                                                                                                                    |                              |                   |                 |            |            |              |              |              |              |
| <p><b>CHARGES PAYABLE</b></p> <p>Consignee <input type="checkbox"/> Shipper <input type="checkbox"/> Third Party <input type="checkbox"/></p>                                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>HAZARDOUS CARGO <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Goods consigned for forwarding in accordance with Conditions on back hereof. We certify that no prohibited packing materials have been used in the packing of the above goods.</p> |                              |                   |                 |            |            |              |              |              |              |
| <p><b>PICK UP INSTRUCTIONS</b></p>                                                                                                                                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                              |                   |                 |            |            |              |              |              |              |
| <p><b>DELIVERY INSTRUCTIONS</b></p> <p>Goods Herein describing numbering packages received for forwarding in Accordance with Conditions on back hereof</p> <p>Signature: _____ Date: _____</p> |                    |                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Signature: _____ Date: _____</p>                                                                                                                                                                                                                                   |                              |                   |                 |            |            |              |              |              |              |