


|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>Shipper</b>   |  | <b>Shipping Order No.</b>   |  |   |  |
|  |  | <br>Tel: 2345 1128 / Fax: 2544 3692 |  |   |  |
| <b>Consignee</b>   |  | <b>SHIPPING ORDER</b>   |  |   |  |
|  |  | <b>Cargoes Ready Date :</b>   |  |   |  |
|  |  | <b>Pick Up Date &amp; Time :</b>  |  |   |  |
| <b>Notify Party</b>  |  | <b>Closing Date &amp; Time :</b>  |  |   |  |
|  |  | <b>ETD :</b>  |  | <b>Carrier :</b>  |  |
|  |  | Freight Payable at    Prepaid <input type="checkbox"/>  |  | Collect <input type="checkbox"/>  |  |
| <b>Vessel &amp; Voyage No.</b>   |  | <b>Port of Loading</b>  |  | <b>Consol Code No.</b>  |  |
|  |  |   |  | <b>S/O No. (D/R No.)</b>  |  |
|  |  |   |  | 1. CY - CY <input type="checkbox"/> 2. CY - CFS <input type="checkbox"/> 3. CY - DR <input type="checkbox"/>    |  |
| <b>Port of Discharge</b>   |  | <b>Place of Delivery</b>  |  | 4. CFS - CY <input type="checkbox"/> 5. CFS - CFS <input type="checkbox"/> 6. CFS - DR <input type="checkbox"/> |  |
|  |  |   |  | 7. DR - CY <input type="checkbox"/> 8. DR - CFS <input type="checkbox"/> 9. DR - DR <input type="checkbox"/>    |  |
| <b>Marks and Numbers</b><br>(Particulats Declared by Shipper)  |  | <b>Description of Goods</b><br>( Particulars Declared by Shipper )  |  | <b>Gross Weight</b><br>KGS  |  |
|  |  |   |  | <b>Measurement</b><br>CBM   |  |
|  |  |   |  |   |  |
| <b>Service Required / Remark :</b>   |  |   |  |   |  |
| <b>SHIPMENT TERM:</b>  |  | 报关：自报 / 委托我司报关 <input type="checkbox"/> _____ X 20'GP   |  |   |  |
| <b>TELEX RELEASE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | 拖车：自拖 / 委托我司拖车 <input type="checkbox"/> _____ X 40'GP   |  |   |  |
|  |  | _____ X 40'HQ   |  |   |  |
| Received the goods or the containers or the packages said to contains the goods as specified herein for the custody and carriage of the said goods or the said containers or packages in accordance with the terms and conditions of the Carriers regular form of Bill of lading which shall be deemed to be incorporated herein Neither carrier nor agents are responsible for shut out or consequence arising therefrom. |  | <b>倉庫地址: 昭津倉庫</b><br><b>香港新界元朗廈村廈村路DD125地段1228號</b><br><b>電話 : 2612 0678 傳真 : 2419 9294</b>                           |  |   |  |
|  |  | <b>**註: 登記費只接受八達通**</b>   |  |   |  |
| <b>For and on behalf of ST FREIGHT LIMITED</b><br><b>acknowledge receipt of your booking</b><br><b>If have any question, pls contact Ivy Chan, Tel: 2345 4907</b>  |  | In C.F.S. No.   |  | Date  |  |
|  |  | C.F.S. Location   |  | Time  |  |