

SHIPPER'S LETTER OF INSTRUCTIONS

1a. EXPORTER/USPPI (Name and address including ZIP code) 			2. Freight location address if not the same as 1a.: 				
b. EXPORTER'S EIN (IRS) NO. 		5. Forwarding Agent: <div style="text-align: center;"> Transcontainer Transport Inc. 777 Passaic Ave Clifton, NJ, 07012, USA Email: nycoffice@transcontainer.com Tel. +1.973.272.0201 </div>					
c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related		3a. ULTIMATE CONSIGNEE 					
b. CONSIGNEE VAT number 		4. Intermediate Consignee 					
8. LOADING PIER (Vessel only)		9. MODE of TRANSPORT (Specify) 					
10. EXPORTING CARRIER		11. PORT OF EXPORT 					
12. PORT OF UNLOADING (Vessel and air only)		13. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No					
SHIPPER REQUESTS INSURANCE <input type="checkbox"/> No <input type="checkbox"/> Yes \$		EXPORTER - PLEASE ADVISE: <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT C.O.D. \$ _____ METHOD OF PAYMENT (if not collect): <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> WIRE TRANSFER					
14. SCHEDULE B DESCRIPTION OF COMMODITIES		SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS ASSIGNED <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/> DELIVER TO:					
15. MARKS, NOS., AND KINDS OF PACKAGES		(Use columns 17-19)		VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) (20)	Number of packages / packaging type	DIMS (in/cm) + GROSS WEIGHT (lbs/kgs) EACH	
D/F (16)	SCHEDULE B NUMBER (17)	CHECK DIGIT	QUANTITY - Schedule B Unit (s) (18)	NET SHIPPING WEIGHT (kg) (19)	SHIPPER'S NOTE: Please contact us if you are uncertain about your Schedule B or HTSUS Number. We will assist you in selecting a classification for the Electronic Export Information (EEI). WE HAVE FORWARDED TO YOU, THE SHIPMENT DESCRIBED BELOW VIA: <input type="checkbox"/> PICK UP <input type="checkbox"/> DELIVERY (LISTED BELOW) TRUCK LINE NAME _____ RECEIPT (PRO) NUMBER _____ DECLARED VALUE FOR CARRIAGE \$ _____		
21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL		22. ECCN (When required)		Documents enclosed:			
23. Duly authorized officer or employee		The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.		ELECTRONIC SIGNATURE IS ONLY ACCEPTED IF BOX 24 IS COMPLETED AND SIGNATURE IS TYPED ALL CAPS			
24. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the „CORRECT WAY TO FILL OUT THE SHIPPER'S EXPORT DECLARATION:“ I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, falling to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).		WRITTEN AUTHORIZATION TO PREPARE OR TRANSMIT ELECTRONIC EXPORT INFORMATION I _____ AUTHORIZE TRANSCONTAINER TRANSPORT INC. to act as authorized agent for export control, U.S. Customs, and Census Bureau purposes to transmit such export information electronically that may be required by law or regulation in connections with the exportation or transportation of any goods on behalf of said U.S. Principal Party of Interest (USPPI). The USPPI certifies that necessary and proper documentation to accurately transmit the information electronically is and will be provided to the said Authorized Agent. The USPPI further understands that civil and criminal penalties may be imposed for making false or fraudulent statements or for the violation of any U.S. laws or regulations on exportation and agrees to be bound by all statements of said Authorized Agent based upon information or documentation provided by the USPPI to said Authorized Agent.					
SIGNATURE		CONFIDENTIAL - For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)).		Please notify _____ if there are any problems with this shipment. Phone/Fax/E-Mail: _____			
TITLE/CAPACITY		Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.		SPECIAL INSTRUCTIONS: Value listed is reportable amount for the SED/Electronic Export Information (EEI) in the Automated Export System (AES).			
DATE		25. AUTHENTICATION (When required)					

NOTE: The shipper or his Authorized Agent hereby authorizes the above named Company, in his name and on behalf, to prepare any export documents, to sign and accept any documents relating to said shipment, to prepare & file the EEI through AES, and to forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment.