# SHIPPER'S LETTER OF INSTRUCTION

**Welcome to KLN Oceania, where we Empower your Potential to Deliver your Success.**

This form is fully editable. Please fill out all applicable fields in this fillable PDF, then use the **Fill & Sign tool** to add your signature or print and scan as convenient. Once completed, please **save the form and email it back to us.**

SHIPMENT NUMBER:
ORIGIN AIRPORT:
DESTINATION AIRPORT:

MODE: **AIR**
REQUESTED DEPARTURE:

## SHIPPER DETAILS

SHIPPER REFERENCE:
CUSTOMS CLIENT CODE:

## CONSIGNEE DETAILS

CONTACT NAME:
CONTACT PHONE:
CONTACT EMAIL:

## PICK-UP ADDRESS (IF DIFFERENT FROM ABOVE)

COLLECTION DATE:
CONTACT NAME:
CONTACT PHONE:
CONTACT EMAIL:

## NOTIFY PARTY (IF REQUIRED)

CONTACT NAME:
CONTACT PHONE:
CONTACT EMAIL:

## CONSIGNMENT DETAILS

INCOTERM:

DUTY DRAWBACK REQUIRED:
CUSTOMS EXPORT DELIVERY ORDER:

| SHIPPING MARKS | PKG COUNT | PKG TYPE | GOODS DESCRIPTION | WEIGHT (KG) | DIMS (L x W x H, cm) |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |

IS CARGO HAZARDOUS? (DG):
**If yes – please attach MSDS and DG certificate**

CLASS NO:
UN NO:
PACKING GROUP:

CONFIRM TAMPER-EVIDENT PACKAGING USED? ☐
**Please provide photos of freight prior to dispatch showing packaging**

DOES THIS SHIPMENT CONTAIN BATTERIES?

**IF YES – PLEASE ATTACH MSDS**

IS THE SHIPMENT TEMPERATURE CONTROLLED?
TEMPERATURE RANGE:

**IF YES – PLEASE CONFIRM TEMPERATURE RANGE REQUIRED**

IS AN MPI HEALTH CERTIFICATE REQUIRED?

**IF YES – PLEASE ATTACH COPY OF HEALTH CERTIFICATE**

## SHIPPER'S DECLARATION

NAME:
DATE:

JOB TITLE:

**I hereby declare that the information on this form is true and correct:**



SUBMIT