


SHIPPER'S LETTER OF INSTRUCTIONS – AIR CARGO BOOKING

Shipper (Exporter) Code: Business Ref. No. Tel. No.		 MITEX INTERNATIONAL (HK) LTD. Unit 801-802, Tower 1, Ever Gain Plaza, 88 Container Port Road, Kwai Chung, N.T. Hong Kong Tel.: (852) 2366 4378 Fax: (852) 2369 8532 Home-page: www.mitex-intl.com AIRFREIGHT OFFICE / WAREHOUSE: Unit 2B, 2F, Gateway TS, No. 8 Cheung Fai Road, Tsing Yi, N.T. Tel.: (852) 2765 6328 Fax: (852) 2764 6913		
Consignee Code:		Airfreight Charges: <input type="checkbox"/> To be prepaid <input type="checkbox"/> To be collected (if service available) Other Charges: <input type="checkbox"/> To be prepaid <input type="checkbox"/> To be collected (if service available) _____ If Payable by Third Party, please state		
Notify Party				
MAWB No.	HAWB No.			
Name of Airline	Departure Airport	Airport of Destination Cargo contains Battery: YES / NO		
Marks Nos.: No and Kind of Packages: Description of Goods				
Gross Weight		Measurement		
<p>If Shipments Contains Battery/Cell, please declare: The type of cells or batteries: Dry Battery / Sealed Lead Acid Battery / Lithium ion Cells / Lithium ion Batteries / Lithium metal cells / Lithium metal batteries / Others. If Shipment Contains Lithium Battery: The relevant Packing Instruction: "PI965 / PI966 / PI968 / PI969 / PI970" Section of Packing Instruction: "Section I / Section IA / Section IB / Section II".</p>				
Specify Currency	Insurance Amount (if required)	HK Export Declaration Required: NO / YES	Declared Value for Customs: (if YES):	H.S. Code:
Documents to accompany airwaybill or house airwaybill Pacing List <input type="checkbox"/> Commercial Invoice <input type="checkbox"/> Certificate of Origin <input type="checkbox"/> China Form-A <input type="checkbox"/> Phytosanitary Cert. <input type="checkbox"/>				
The Agent acknowledges receipt of the above instructions from the Customer. This acknowledgement does not constitute an acceptance of the instructions by the Agent. Acceptance of the instructions will be made by way of the issue of the Agent's House Air Waybill, House Airbill, Air consignment Note or the Air Carrier's Air Waybill or other such similar documents where goods or documents are delivered to and accepted by the Agent before the Agent accepts the Customer's instructions, no liability whatsoever for such goods or documents will be accepted by the Agent. If, however, the Agent is held to be liable, all the provisions of limitation of liabilities specified in the Conditions of Contract overleaf will apply. The Customer shall reimburse the Agent with all expenses and costs incurred and will indemnify the Agent for all losses and liabilities howsoever caused. * All Business undertaken will be subject to the Mitex STC, copy is available upon request. Signature and Stamp _____ Date (Day/Month/Year)		<p style="text-align: center;">SHIPPER'S DECLARATION</p> 1. The Customer declares that all descriptions, values and other particulars furnished herein are accurate and complete. The Customer undertakes to indemnify the Agent against all losses damages expenses fines and any other liabilities whatsoever arising from any inaccuracy or omission, even if such inaccuracy or omission is not due to any negligence. 2. The Customer declares that pursuant to Condition 19 of the Conditions of Contract overleaf it shall be responsible for all charges and expenses relating to the goods whether or not the charges and expenses are to be prepaid or collected. 3. The undersigned authorized officer of the Customer hereby declares that he has read the Conditions of Contract overleaf and terms and conditions appearing on this pages and that the fully understands them and agrees on behalf of the Customer that they should form part of the contract which, upon acceptance to the above instructions by Agent, will be concluded between the Customer and the Agent. 4. The CUSTOMER'S ATTENTIONS IS DRAWN TO THE NOTICE CONCERNING CARRIES LIMITATIONS OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.		
Signature and Stamp _____ Date (Day/Month/Year)		Signatory's Name in Block Letterer's _____ Signature and Stamp _____ Date (Day/Month/Year)		