*紅色標註位置必須填寫

Shipper (Full Name and Address)		Exp	Export Licence No.		S/O No.		
Contact: E-mail: Tel No. Fax No. Consignee (Full Name and Address) [if 'to order' stare notify party] Notify Party (Full Name and Address)		Uı	Airway Express (Hong Kong) Limited (referred herein as "the Company") 香港九龍灣啟祥道九號信和工商中心9字樓11-14室 Units 11-14 9/Fl Sino Ind Plaza 9 Kai Cheung Road Hong Kong Tel:(852) 2305 0832 (12 Lines) Fax:(852) 2305 0503 E-mail address: info@airway.com.hk				
			Shipping Order Office Copy				
Vessel / Voy No.	Place of receipt / Port of loading	Sea	Freight To Be PREPAID	COLLECT	☐ PAYABLE	BY THIRD PARTY	
Port of discharge	Place of delivery	Inco	oterms DAP DDP	 □CIF □ FOE		<u></u>	
Marks & Numbers No. of Description of Goods (Must have shipping marks if LCL) packages & packing					Gross Weight KGS	Measurement CBM	
He cope.					er pylo		
HS CODE:-						CFS/CY	
					CY/CY CY/DOOR	CY/CFS CFS/DOOR	
According to declaration of the merc			it		Cargo Ready Da		
PO no. # Dangerous Goods Yes Battery Liquid P No. of Container & Size (If Fo	□ No owder □ Others: CL):		S		nature & Chop		
Neither the Company nor the Carrier is re	wsoever	caused. All goods must b	e insured against all	risks.			

All transactions are subject to the Company's Standard Trading Conditions (copy is available upon request), which in circumstances limit or exempt the Company's liability.

F20 (1 Nov 2011)