



Arpaflu srl

**SHIPMENT INSTRUCTION FORM** (ART. 295 – LEY 20.094)

<b>(1)Booking:</b>			
<b>(2)Ship:</b>			
<b>(3)Port of loading:</b>			
<b>(4)Port of discharge:</b>			
<b>(5)Final Destination:</b>			
<b>Number of originals:</b>		<b>Number of copies:</b>	
<b>(6)Shipper:</b> (Name / Address / CUIT/ Phone)			
<b>(7)Consignee:</b> (Name / Address / Phone)			
<b>(8)Contact:</b> (Name / Address / Phone)			
<b>(9)Contact #2:</b> (Name / Address / Phone)			
<b>Sea Freight:</b>		<b>PREPAID:</b>	<b>FREIGHT PREPAID</b>
<b>COLLECT:</b>			
<b>(10)Brands and Numbers</b>	<b>(11)Bulk quantity</b>	<b>(12)Products description</b> (Indicate FCL or LCL)	<b>(13)Weight Gross:</b>
<b>(14)Capacity:</b>		<b>M<sup>3</sup></b>	
<b>Hazardous materials:</b>	<b>YES/NO</b>	<b>IMO:</b>	<b>UN:</b>
			<b>Page:</b>
<b>(15)Boarding Permission:</b>			
A- The client declares under oath that all information provided is true, releasing ARPAFLU S.R.L. from liability for any issues arising out of non-compliance to this form. B- The absence of any of the information above will cause delay in the preparation of this documentation without this implying any liability to ARPAFLU S.R.L.			
<b>(16)MADE BY:</b>			
Name:			
Phone:			
<b>Agent's exclusive use</b>		<b>Notes:</b>	
		<b>Date:</b>	