

\*\*\*\*\* please sign & stamp below if shipper elects to use this s/o in lieu of a Cargo Declaration Form for our submission of shipment information to U.S.Customs. DJR Logistics China Limited should not be held responsible for any fines levied by U.S.Customs &/or charges incurred as result of cargo inspection or detention. \*\*\*\*\*

Actual Shipper (Name & Address)  Tel : _____ Fax : _____ E-mail Address _____ Contact: _____ Actual Consignee (Name & Address)		<b>SHIPPING ORDER</b> (OFFICE COPY)		Shipping Order No. _____  Please accept the goods described on our behalf for carriage to the destination CFS of place of delivery subject to the terms and conditions of the company's condition of trading & carriage  <b>for DJR LOGISTICS CHINA LIMITED</b>  Suite 1202, LeverTech Centre, 69-71 King Yip Street, Kwun Tong, Kowloon, Hong Kong Tel: 2790 6700 Fax: 2790 6730  TO : _____ FROM : _____			
Notify address		Also notify					
Ocean vessel		Export licence no.		SERVICE REQUIRED HONG KONG - DESTINATION - USE 'X' <input type="checkbox"/> CFS / CFS <input type="checkbox"/> CFS / CY <input type="checkbox"/> CY / CFS <input type="checkbox"/> CY / CY			
Port of loading	Place of receipt	Freight Status	Ocean Freight	DDC	Others	Insurance Amount (HK Currency)	Type of Movement
Port of discharge	Place of delivery	P = Prepaid C = Collect					MLB/PI <input type="checkbox"/> All Water <input type="checkbox"/>
Owner's mark/Container No. *Quantity and kind of packages Description of goods						Gross Weight kgs	Measurement cbm
Marks and Nos:							
Shipment contains WPM : Yes <input type="checkbox"/> /No <input type="checkbox"/>		HARMONIZED CODE (貨品編號)		Confirm this s/o in lieu of a Cargo Declaration Form			
*** 注意 *** 請於____月____日____午____時前提供提單資料,否則美國海關會拒絕放行,爲此而引致所有產生的費用,包括轉船費,倉租等等一切額外費用,將由付貨人負責.						ABOVE PARTICULARS DECLARED BY SHIPPER	
散貨交 <b>CFS - 收貨站</b> 萬里達物流有限公司 葵涌貨櫃碼頭南路 8 號 亞洲貨櫃物流中心 A 座 3 字樓 3017-3026W 西翼 電話 :2439 9800, 2408 0198, 2408 3830  截貨日期 : _____ 下午五時						COMPANY CHOP & SIGNATURE	
						FOR OFFICE USE ONLY - 'X'	
TYPE: <input type="checkbox"/> CFS/CFS <input type="checkbox"/> CFS/CY <input type="checkbox"/> CY/CFS <input type="checkbox"/> CY/CY						AGENT CODE: ..... DESTN CODE: ..... MOVEMENT: <input type="checkbox"/> LOC <input type="checkbox"/> IC <input type="checkbox"/> OCP <input type="checkbox"/> MLB <input type="checkbox"/> AW Ocean Freight: ..... DDC: ..... HK CFS: ..... B/L Fee : ..... Drayage: ..... Cartage: ..... Handling/Others: .....	