


Carrier (logo/name)		Bill of Lading Port to Port or Multimodal Transports		B/L No. <input type="text"/>	
				Booking No./Carrier Ref <input type="text"/>	
Shipper <div></div>			Export/Import/SVC. References <input type="text"/>		
			Forwarding agent references <div></div>		
Consignee (non-negotiable unless consigned to.....) <div></div>			Notify Party (Carrier not responsible for failure to notify - see clause xx) <div></div>		
Vessel <input type="text"/> (See clause xx)		Voyage No. <input type="text"/> (See clause xx)		Also Notify Party (Carrier not responsible for failure to notify - see clause xx) <div></div>	
Port of Loading <input type="text"/>		Port of Discharge <input type="text"/>			
Pre-carriage by (Applicable only to Multimodal Transports - see clause xx) <input type="text"/>				Place of Delivery (Applicable only to Multimodal Transports – see clause xx) <input type="text"/>	
Place of Receipt (Applicable only to Multimodal Transports – see clause xx) <input type="text"/>				Onward inland routing/Final destination (Not part of Carriage – see clause xx) <input type="text"/>	
Particulars declared by Shipper but not acknowledged by the Carrier – See clause xx					
Cont. Nos./ Size & type/Seal Nos. <div></div> Cont. Nos.: <div></div>  Seal Nos.: <div></div>		Description of goods Quantity/Number & kind of packages/pieces /Other marks & numbers. <div></div>		Cargo gross weight/Measurement <div></div>	
Receipt/Delivery Type <input type="text"/>		Cargo Movement Type <input type="text"/>		Part Load (Y/N) <input type="text"/>	
		HS Code <input type="text"/>		Reefer settings <input type="text"/>	
Point & country of origin of goods (not part of Carriage) <input type="text"/>		Shipper declared value <input type="text"/> (Subject to Ad Valorem charges – see clause xx)		Freight & Charges payable by/at <input type="text"/>	
Freight & Charges <div></div>		Basis <div></div>	Rate <div></div>	Prepaid <div></div>	Collect <div></div>
					Total Freight <div></div>
Carrier Clauses (for Carrier's use only) <div></div>					
Total number of containers or packages received by the Carrier <input type="text"/>		Place of issue <input type="text"/>		SHIPPED, .....	
Shipped on Board Date (Local time) <input type="text"/>		Date of issue (UTC) <input type="text"/>		IN WITNESS whereof the number of original Bills of Lading stated below.....	
No. & Sequence of Original Bs/L <input type="text"/>					
<div></div>				SIGNED for the Carrier [XXXXXX]	
----- As Agents only					