

COMBINED TRANSPORT BILL OF LADING

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|--|--|---|--|---|--|---------------------------------|--|---------------------|--|
| 2. EXPORTER (Principal or seller-license and address including ZIP code) | | 5. DOCUMENT NUMBER | | 5a. B/L NUMBER | | | | | |
| | | 6. EXPORT REFERENCES | | | | | | | |
| | | ZIP CODE | | | | | | | |
| 3. CONSIGNED TO | | 7. FORWARDING AGENT (Name and address - references) | | | | | | | |
| | | 8. POINT (STATE) OF ORIGIN OR FTZ NUMBER | | | | | | | |
| 4. NOTIFY PARTY/INTERMEDIATE CONSIGNEE (Name and address) | | 9. DOMESTIC ROUTING/EXPORT INSTRUCTIONS | | | | | | | |
| | | | | | | | | | |
| 12. PER-CARRIAGE BY | | 13. PLACE OF RECEIPT BY PRE-CARRIER | | RELEASE AGENT (10-11) | | | | | |
| 14. EXPORTING CARRIER | | 15. PORT OF LOADING/EXPORT | | | | | | | |
| 16. FOREIGN PORT OF UNLOADING (Vessel and air only) | | 17. PLACE OF DELIVERY BY ON-CARRIER | | | | | | | |
| MARKS AND NUMBERS (18) | | NUMBER OF PACKAGES (19) | | DESCRIPTION OF COMMODITIES in Schedule B detail (20) | | GROSS WEIGHT (kilos) (21) | | MEASUREMENT (22) | |
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| FREIGHT RATES, CHARGES, WEIGHTS AND/OR MEASUREMENTS | | | <p>Received by Carrier for shipment by ocean vessel between port of loading and port of discharge, and for arrangement or procurement of pre-carriage from place of receipt and on-carriage to place of delivery, where stated above, the goods as specified above in apparent good order and condition unless otherwise stated. The goods to be delivered at the above mentioned port of discharge or place of delivery, whichever is applicable, subject always to the exceptions, limitations, conditions and liabilities set out on the reverse side hereof, to which the Shipper and/or Consignee agree to accepting this Bill of Lading.</p> <p>IN WITNESS WHEREOF three (3) original Bills of Lading have been signed, not otherwise stated above, one of which being accomplished the others shall be void.</p> <p>DATED AT _____</p> <p>By _____</p> <p>AGENT FOR THE CARRIER</p> <p>_____ MO. DAY YEAR</p> <p>DFHU WORLDWIDE</p> | |
| SUBJECT TO CORRECTION | | PREPAID | | COLLECT |
| | | | | |
| | | | | |
| GRAND TOTAL | | | | |

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|---------|--|
| B/L No. | |
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