

SHIPPER'S LETTER OF INSTRUCTIONS

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| 1a. EXPORTER (Name and address including ZIP CODE) | | | |
| b. EXPORTER'S EIN (IRS) NO. | c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Unrelated | 2. DATE OF EXPORT | 3. BILL OF LADING/ AIR WAYBILL NO. |
| 4a. ULTIMATE CONSIGNEE | | SHIPPER'S REFERENCE | |
| b. INTERMEDIATE CONSIGNEE | | | |
| 5. FORWARDING AGENT | | | |
| 6. POINT (STATE) OF ORIGIN OR FTZ NO. | | 7. COUNTRY OF ULTIMATE DESTINATION | |
| 8. LOADING PIER (Vessel only) | 9. MODE OF TRANSPORT (Specify) | SHIPPER MUST CHECK <input type="checkbox"/> PREPAID <input type="checkbox"/> AIR <input type="checkbox"/> DIRECT <input type="checkbox"/> COLLECT <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> COD \$ <input type="checkbox"/> GROUND SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER AS CONSIGNED: <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/> ABANDON <input type="checkbox"/> DELIVER TO: | |
| 10. EXPORTING CARRIER | 11. PORT OF EXPORT | | |
| 12. PORT OF UNLOADING (Vessel and air only) | 13. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 14. SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT: \$ | | | |

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| SCHEDULE B DESCRIPTION OF COMMODITIES } (Use Columns 17-19) ----- 15. MARKS AND NOS. AND KINDS OF PACKAGES | | | | | SHIPPER'S NOTE: IF YOU ARE UNCERTAIN OF THE SCHEDULE B COMMODITY NO. DO NOT TYPE IT IN - WE WILL COMPLETE WHEN PROCESSING. WE HAVE FORWARDED TO YOU THE SHIPMENT DESCRIBED BELOW VIA: <input type="checkbox"/> YOUR TRUCK <input type="checkbox"/> OTHER CARRIER (LISTED BELOW) TRUCK LINE NAME: RECEIPT (PRO) NUMBER: | VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) (20) |
| D/F (16) | SCHEDULE B NUMBER (17) | CHECK DIGIT | QUANTITY SCHEDULE B UNITS (18) | SHIPPING WEIGHT (Kilos) (19) | | |
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| 21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL | | 22. ECCN (When required) | PLEASE SIGN THE FIRST EXPORT DECLARATION IN BOX 23 WITH PEN AND INK |
| 23. Duly authorized officer or employee | The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes. | DOCUMENTS ENCLOSED SPECIAL INSTRUCTIONS | |
| 24. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the "Correct Way to Fill Out the Shipper's Export Declaration." I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410). | | | |
| Signature | Confidential - For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)). | | |
| Title | Export Shipments are subject to inspection by U. S. Customs Service and/or Office of Export Enforcement. | | |
| Date | | | |

NOTE: The Shipper or his authorized agent hereby authorizes the above named Company, in his name and on his behalf, to prepare any export documents, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment.