EFM BOOKING INTERIM RECEIPT

Please fill in with every booking or amendment

SHIPPER: **ADDRESS:**	HAMBURG SÜD
CONSIGNEE: **ADDRESS**	**AGENTS:** **EXPRESS FREIGHT MANAGEMENT** **PO BOX 3398, LAE, MOROBE PROVINCE** **PH: (675) 472 3822 FAX: (675) 472 5193** **EMAIL: expdocs2@expressfreight.com.pg**
NOTIFY PARTY: **ADDRESS:**	**INTERIM RECEIPT**
Vessel & Voyage: **Port of Loading:** **Port of Discharge:** **Final Destination:**	**ETA LAE:** **CUT OF DATE** **CUT OFF TIME:** *** Total No.of Containers/ Packages:**

Item No	Marks & Numbers	No & Kind of Packages	Description of Goods & Container Number(s)	Nett Weight	Gross Weight	Measurement (cbm)

ARE THE GOODS HAZARDOUS?	**YES**	**NO**	**Please indicate by DELETING wrong answer**

If "YES" please attach the appropriate hazardous paperwork and advise the following:-

CLASS:		**UN NUMBER:**		**IMDG CODE:**		**PKG GROUP:**	

FREIGHT TERMS:	**Number of Original Bills of Lading?**	I/We acknowledge that this document is an Interim Receipt only and is not to be interpreted as a contract evidencing the carriage of goods by sea, said contract coming into existence only upon the issuing of a duly executed Bill of Lading. The contract intended to be entered between the parties will be subject to the full terms of such Bill of Lading.
PREPAID or COLLECT	Number?	**Name:** **Title:** **Company:** **Date:**