Formato para llenado de B/L



| ONSIGNEE (PROVIDE TAX ID) OTIFY PARTY (PROVIDE TAX ID) FORWARDING AGENT | | | | |
|---|-------------------------------|-------------------|-------------------------|--|
| YES: | SHIPPER (PROVIDE R.F.C.) | | CARRIER BOOKING NO. | |
| YES: | | | | |
| YES: | | | | |
| EXPORT REFERENCES ONSIGNEE (PROVIDE TAX ID) ADDITIONAL NOTIFY PARTY OTIFY PARTY (PROVIDE TAX ID) FORWARDING AGENT ESSEL / VOYAGE / DIRECTION: | | | PARTIAL BL | |
| EXPORT REFERENCES ONSIGNEE (PROVIDE TAX ID) ADDITIONAL NOTIFY PARTY OTIFY PARTY (PROVIDE TAX ID) FORWARDING AGENT ESSEL / VOYAGE / DIRECTION: | | | | |
| ONSIGNEE (PROVIDE TAX ID) ADDITIONAL NOTIFY PARTY OTIFY PARTY (PROVIDE TAX ID) FORWARDING AGENT ESSEL / VOYAGE / DIRECTION: ELECTRONIC | | | YES: NO: | |
| ONSIGNEE (PROVIDE TAX ID) ADDITIONAL NOTIFY PARTY OTIFY PARTY (PROVIDE TAX ID) FORWARDING AGENT ESSEL / VOYAGE / DIRECTION: ELECTRONIC | | | | |
| OTIFY PARTY (PROVIDE TAX ID) FORWARDING AGENT ESSEL / VOYAGE / DIRECTION: ELECTRONIC | | | EXPORT REFERENCES | |
| OTIFY PARTY (PROVIDE TAX ID) FORWARDING AGENT ESSEL / VOYAGE / DIRECTION: ELECTRONIC | | | | |
| OTIFY PARTY (PROVIDE TAX ID) FORWARDING AGENT ESSEL / VOYAGE / DIRECTION: ELECTRONIC | | | | |
| ESSEL / VOYAGE / DIRECTION: | CONSIGNEE (PROVIDE TAX ID) | | ADDITIONAL NOTIFY PARTY | |
| ESSEL / VOYAGE / DIRECTION: | | | | |
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| ESSEL / VOYAGE / DIRECTION: | | | | |
| ESSEL / VOYAGE / DIRECTION: | NOTIFY PARTY (PROVIDE TAX ID) |) | EORWARDING AGENT | |
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| | VESSEL / VOYAGE / DIRECTION: | | ELECTRONIC | |
| YES: NO: | | | | |
| | | | YES' NO' | |
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| LACE OF RECEIPT: PORT OF LOADING: SCAC CODE FOR US | PLACE OF RECEIPT: | PORT OF LOADING: | SCAC CODE FOR US | |
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| ORT OF DISCHARGE: PLACE OF DELIVERY: PLACE OF ISSUE | PORT OF DISCHARGE: | PLACE OF DELIVERY | PI ACE OF ISSUE | |
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| PARTICULARS | | | | | | | |
|-------------------------|-----------------|------------|-------------|-------------------|--------|--|--|
| CONTAINER & SEAL NUMBER | MARKS & NUMBERS | NO OF PKGS | DESCRIPTION | GROSS WEIGHT | VOLUME | | |
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| TERMS OF PAYMENT | IF THE TERMS OF | | | HARMONIZED CODE | | | |
| | RESPONSIBLE OF | | | (Mandatory field) | | | |
| | | | | | | | |
| PREPAID: | NAME: | | | | | | |
| COLLECT: | ADDRESS: | | | | | | |
| ELSEWHERE: | | | | | | | |

CONTACT / TELEPHONE: