Formato para llenado de B/L

HAMBURG SÜD
A Maersk Company

SHIPPER (PROVIDE R.F.C.)	CARRIER BOOKING NO.
	PARTIAL BL YES: _____ NO: _____
	EXPORT REFERENCES
CONSIGNEE (PROVIDE TAX ID)	**ADDITIONAL NOTIFY PARTY**
NOTIFY PARTY (PROVIDE TAX ID)	**FORWARDING AGENT**
VESSEL / VOYAGE / DIRECTION:	**ELECTRONIC** TRANSMISSION TO US YES: _____ NO: _____
PLACE OF RECEIPT:	**PORT OF LOADING:**

PLACE OF RECEIPT:	PORT OF LOADING:	SCAC CODE FOR US TRANSMISSION
PORT OF DISCHARGE:	**PLACE OF DELIVERY:**	**PLACE OF ISSUE**

PARTICULARS

CONTAINER & SEAL NUMBER	MARKS & NUMBERS	NO OF PKGS	DESCRIPTION	GROSS WEIGHT	VOLUME

TERMS OF PAYMENT	IF THE TERMS OF RESPONSIBLE OF	HARMONIZED CODE (Mandatory field)
PREPAID: _____ COLLECT: _____ ELSEWHERE: _____	NAME: ADDRESS: CONTACT / TELEPHONE:	