SHIPPING ORDER

Shipper / Exporter (complete name and address)				Dock Receipt No.				
				Export Licence N	lo.			
Consignos (complete	name and address	<u>\</u>			_		•	
Consignee (complete name and address)						AF		
				FLYING TRANSPORTATION LTD.				
Notify Party (complete name and address)				Unit O,11th Floor, Summit Building, 30 Man Yue Street, Hung Hom, Kowloon, HONG KONG. Tel: +852-2796 8098 Fax: +852-2799 1693 E-mail: faf@faf.com.hk				
Place of receipt		Precarriage by			E-man: 1			
Vessel		Port of loading		-				
Port of discharge		Place of delivery		B/L Requirement Shipped Onboard B/L Received for Shipment B/L				
		PARTICU	_ARS FUF	RNISHED B	Y S	HIPPER		
Marks and numbers	No. of pkgs.	Description of package		es and goods	Gross weight			Measurement
Freight and charges:		Prepaid	Collect	Reefer temp. req	uired °F	Dangerous cargo	o - label	and classification
				Service type - Ho CY Service type - de CY	ongKong CFS	CY contaioners,	er	to be provided by
	Total Prepaid			-				
	Total Collect	\searrow	\sim	1				