**Crown Agents Reference: APPENDIX**

**SHIPPING SPECIFICATION – CONSIGNMENT NUMBER ……….**

**(Supplier to complete all applicable sections in full and return to Crown Agents)**

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier Name: |  | Address where the Goods are to be collected: |  |
| Contact Name: |  |
| Email: |  |
| Tel: |  |
| Supplier Reference |  |

|  |
| --- |
| PLEASE GIVE DETAILS OF FINAL PACKED SPECIFICATION |
| Item(s) Description | Number of Pieces | LengthCms | WidthCms | HeightCms | Gross Weight per Piece (Kgs) | Cube per Piece (M3) | Is itStackable |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Totals | (Kgs) | (M3) |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Type of Secondary Packaging i.e. Cartons, Cases, Pallets or Bags |  |   |
|  |   |   |  |  |  |  |  |  |
| If FCL please specify  | **Type** | 20ft | 40ft | GP/DV | Hi Cube | Open Top | Reefer |
|   |   | Number |   |   |   |   |   |   |
| Hazardous  | YES / NO | If YES state Haz Class and UN number(s) |   |
| Cool Stowage Required | YES / NO | If YES state Temperature requirements |   |

|  |
| --- |
| **This section to be completed for all bids beyond FCA / EXW / FOB ie CPT/DAP** |
| FOB/FCA Place of despatch or Ex-Works Point of Collection |  | CPT/CFR/CIF/DDP/DATDestination |   |
| Method of transport | AIR | SEA | ROAD | MULTIMODAL | Groupage | YES / NO |   |
| Frequency of Service |   | Transit Time to destination |   |
| Carrier or Haulier |   |   |   | Proposed Freight Forwarder (or Freight Forwarder’s Local Agents) |   |   |