**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 | | | Length  Cms | | Width  Cms | | Height  Cms | | Gross Weight per Piece (Kgs) | Cube per Piece (M3) | Is it  Stackable | |
|  |  | | |  | |  | |  | |  |  |  | |
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|  |  | | |  | |  | |  | |  |  |  | |
|  |  | |  |  | |  | | 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/DAT  Destination |  | |
| 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) |  |  |