

SHIPPER'S LETTER OF INSTRUCTION

1. U.S. PRINCIPAL PARTY IN INTEREST (USPPI): (Complete name and address) ADDRESS: CITY: STATE: ZIP CODE:				VELEKA USA LLC 70 Sunrise Highway Suite 500 Valley Stream, NY 11581 Telfax: +1-516.323.8635 vpt@velekausa.com • www.velekausa.com							
b. USPPI'S EIN (IRS) NO.:		c. PARTIES TO TRANSACTION: <input type="checkbox"/> Related <input type="checkbox"/> Non-related		12. SHIPPING TERMS <input type="checkbox"/> Direct <input type="checkbox"/> Consolidate <input type="checkbox"/> Prepaid <input type="checkbox"/> Routed Transaction? <input type="checkbox"/> Collect <input type="checkbox"/> C.O.D. \$ _____							
2a. ULTIMATE CONSIGNEE TYPE: <input type="checkbox"/> Consumer <input type="checkbox"/> Gov't <input type="checkbox"/> Re-seller <input type="checkbox"/> Other											
b. ULTIMATE CONSIGNEE NAME: (Complete name and address) ADDRESS: CITY: STATE: ZIP CODE:				13. DOCUMENTS ENCLOSED: <input type="checkbox"/> Commercial Invoice <input type="checkbox"/> Packing List <input type="checkbox"/> Cert of Origin <input type="checkbox"/> Carnet <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Validated LIC. <input type="checkbox"/> Dangerous Goods Certificate <input type="checkbox"/> Other: _____							
c. INTERMEDIATE CONSIGNEE NAME: (Complete name and address) ADDRESS: CITY: STATE: ZIP CODE:											
3a. FORWARDING AGENT (Complete name and address) VELEKA USA LLC 70 Sunrise Highway Suite 500 Valley Stream, NY 11581				14. PREPARE DOCUMENTS <input type="checkbox"/> Certificate of Origin <input type="checkbox"/> Consular Invoice <input type="checkbox"/> Customs Invoice <input type="checkbox"/> Banking Draft <input type="checkbox"/> Export License <input type="checkbox"/> Other: _____							
b. FORWARDING AGENT'S EIN (IRS) #		c. FORWARDING AGENT'S FMC #:									
4. POINT OF ORIGIN OR FTZ				15. INCOTERMS: OCEAN/WATERWAY: <input type="checkbox"/> FAS <input type="checkbox"/> CPT <input type="checkbox"/> FOB <input type="checkbox"/> CIP <input type="checkbox"/> CFR <input type="checkbox"/> DAT <input type="checkbox"/> CIF <input type="checkbox"/> DDP							
5. COUNTRY OF ULTIMATE DESTINATION:											
6. LOADING PIER: (Ocean only)				16. SHIPPER REQUESTS INSURANCE (CIF or CIP): <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____							
7. MODE of TRANSPORT: <input type="checkbox"/> Air <input type="checkbox"/> Ocean <input type="checkbox"/> Trucking											
8. EXPORTING CARRIER:				9. PORT OF EXPORT:		17. IN-BOND CODE.:		18. ENTRY NO.:			
10. PORT OF UNLOADING: (Ocean and Air only)				19. Dangerous Goods: (DG certificate(s) must be attached for each item considered Dangerous Goods) <input type="checkbox"/> Yes <input type="checkbox"/> No UN#: _____							
11. CONTAINERIZED: (Ocean only) <input type="checkbox"/> Yes <input type="checkbox"/> No											
20. SCHEDULE B DESCRIPTION OF COMMODITIES											
a. D/F	b. MARKS, SCHEDULE B or HTSUS NUMBER Generic Description	c. QUANTITY Schedule B Unit(s)	d. SHIPPING WEIGHT (Kilos)	21. VIN/PRODUCT # VEHICLE TITLE #	26a. DECLARED VALUE FOR CARRIAGE - Liability is otherwise limited - - Subject to commensurate charges paid - \$ _____						
				22. VALUE FOR CUSTOMS: - U.S. Dollars, omit cents - - Selling price or Cost if not sold - \$ _____ Value for Customs listed is the reportable amount for the Electronic Export Information (EEI) in the Automated Export System (AES).	b. SHIPMENT VALUE: - U.S. Dollars, omit cents -- - Selling price or Cost if not sold - \$ _____						
				23. QUOTE #:	c. LICENSE VALUE: (if applicable) \$ _____						
				24. SHIPPER'S REFERENCE #:	SHIPPER'S NOTE: Please contact us if you are uncertain about your Schedule B or HTSUS Number. We may assist you in selecting a classification for the Electronic Export Information.						
				25. CONSIGNEE P.O. #:							
27. AIR CARGO SCREENING CONSENT: All shipments are subject to inspection by CBP or other relevant Customs officials as well as by the carrier and its agents. <input type="checkbox"/> I consent to screen all cargo tendered by our company. *If you do not consent to screening, your air shipment will be refused.				31. SPECIAL INSTRUCTIONS:							
28. VALIDATED LICENSE #/LICENSE EXEMPTION SYMBOL/AUTHORIZATION:											
29. ECCN: (if required)		30. DDTC REGISTRATION #: DDTC EXPORT LICENSE #: DDTC SIGNIFICANT MILITARY EQUIPMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No								DDTC USML CATEGORY CODE:	
I hereby authorize the above named Company, in his name and on behalf, to act as forwarding agent for export control and customs purposes and to prepare any export documents, to sign and accept any documents relating to said shipment, and forward this shipment in accordance with the Company's Bill of Lading Contract for Carriage terms applicable to NVOCC services. I certify that all statements made and all information contained herein are true and correct and that I understand the instructions for preparation of this document. I further understand that civil and criminal penalties may be imposed for making false or fraudulent statements or for the violation of any U.S. export laws or regulations. I certify that I have received, reviewed, and agreed to the Company's Bill of Lading Contract for Carriage terms applicable to NVOCC services posted at											
32. SIGNATURE:				b. DATE:		If there are any problems with this shipment, please notify: PHONE: FAX: EMAIL:					
c. DULY AUTHORIZED OFFICER OR EMPLOYEE:				d. PHONE:							
e. TITLE:				f. EMAIL:							
33. AUTHENTICATION: (when required)				Confidential – For use solely for official purposes authorized by the Secretary of Commerce (Title 13, Chapter 9, Section 301(g)). Electronic Export Information (or any successor document) shall be exempt from public disclosure unless the Secretary determines that such exemption would be contrary to national interest.							